William A. Walden

162nd
Annual Report of the Trustees

*

MASSACHUSETTS GENERAL HOSPITAL
1975

OFFICERS AND STAFF
1976

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THE GENERAL HOSPITAL
Boston, Massachusetts
02114

McLEAN HOSPITAL
Belmont, Massachusetts
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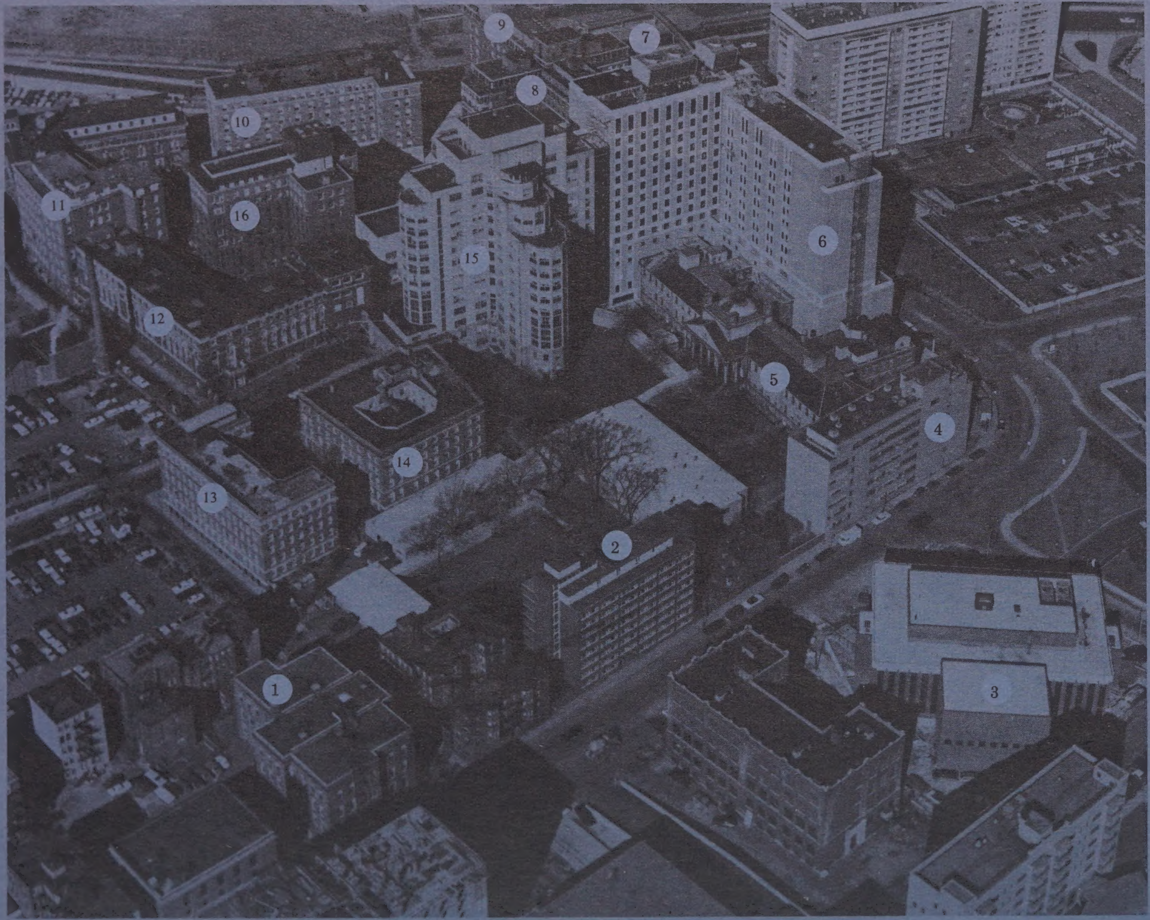

THE MASSACHUSETTS GENERAL HOSPITAL

1. Sleeper Hall
2. Bartlett Hall Nurses Residence (1954)
3. Shriners Burns Institute, staffed by MGH doctors
4. Edwards Memorial Research Building (1951)
5. Bulfinch Building (1821)
6. Gray Building, Jackson Tower, and Bigelow Tower (1969)
7. Cox Center (1975)
8. Baker Memorial (1930)
9. Warren Building (1956)
10. Phillips House (1917)
11. Massachusetts Eye and Ear Infirmary, affiliated with the MGH
12. Ambulatory Care Division (1903)
13. Walcott House (1913)
14. Moseley Building (1916)
15. George Robert White Building (1939)
16. Vincent Memorial Hospital and Burnham Memorial for Children (1949)

One Hundred and Sixty-Second Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

INCLUDING THE GENERAL HOSPITAL IN BOSTON

and

McLEAN HOSPITAL IN BELMONT

1975

OFFICERS AND STAFF

1976

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*Appointed by the Governor of the Commonwealth

BOSTON, MASSACHUSETTS

General Information

The **Massachusetts General Hospital** is a private incorporated institution consisting of four major divisions: **The General Hospital** for those without private physicians; **The Baker Memorial** with private and semi-private accommodations; **The Burnham Memorial for Children;** and the **Phillips House,** the private pavilion. These divisions are for the care of acutely ill persons, or for such chromic cases as can be substantially relieved by hospitalization for short duration.

Entrances to the General Hospital, the Baker Memorial, and Burnham: Fruit Street, at the end of North Grove Street, Entrances to the Gray Building and Cox Center are on Blossom Street. The Phillips House and Warren Building entrances are on Charles Street.

Admissions: Arrangements for admission of patients to the General Hospital, the Baker Memorial, and Burnham should be made at the Admitting Office on the first floor of the Gray Building (726-3388). Information about admission to the Phillips House may be obtained at the Phillips House Admitting Office (726-3204).

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

McLean Hospital is a Psychiatric Division of the MGH, and the **Vincent Memorial Hospital** is the MGH's Gynecological Service.

Other Facilities

The Emergency Ward, located at the Fruit Street entrance of the Hospital, is open 24 hours a day.

The *Ambulatory Care Division* of the MGH is available to patients, without regard to financial status, during daytime hours. Appointments may be made by mail, telephone, or personal application at the Clinics Admitting Desk (entrance off Fruit Street).

Logan Airport Medical Station is an extension of the Massachusetts General Hospital serving passengers, employees, and visitors at the airport.

MGH Bunker Hill Health Center, located on High Street in Charlestown, is a division of the MGH devoted to the medical care of Charlestown residents.

MGH Chelsea Health Center is a division of the MGH at 111 Bellingham Street in Chelsea providing comprehensive health care to the residents of Chelsea and neighboring communities.

The MGH is also affiliated with the Massachusetts Eye and Ear Infirmary and the Shriners Hospitals for Crippled Children, Burns Institute, Boston Unit.

Massachusetts General Hospital is

- — A member of the American Hospital Association
- — Accredited by the Joint Commission on Accreditation of Hospitals of the United States and Canada
- — Approved for residency training by The American Medical Association.

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School of Nursing and Nursing Service
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(Operating Rooms)
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(Baker Memorial)
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(Burnham)

Shirley A. Duggan
(Staff Education)
Frances Gardella, R.N.
(Bulfinch)
Mary E. Quinlan, R.N.
(Vincent-White)
Sister Kateri
(Intensive Care Units)

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(Comptroller)

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Pharmacy
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Social Service
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Patients Accounts	Frank Sullivan
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Information, Baker Memorial	Marion Griffiths
Information, General Hospital	Robert Thomas
Linen Control	James Flanagan
Medical Art Department	Edith Tagrin
Orthopaedic Workshop	John Snowden
Print Shop	Ralph H. Cluff, Jr.
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Treadwell Library	Jacqueline Bastille
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Roe Wells, M.D.
Vernon P. Williams, M.D.

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Peter M. Yurchak, M.D.

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*On leave of absence

Assistant Physicians

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Bernard Aserkoff, M.D.
Joseph Avruch, M.D.
Ann S. Baker, M.D.
Victor G. Balboni, M.D.
Peter C. Block, M.D.
John C. Dalton, M.D.
Gilbert H. Daniels, M.D.
James J. Dineen, M.D.
Richard W. Erbe, M.D.
Joseph W. Gardella, M.D.
Anne F. Godley, M.D.
Herman K. Gold, M.D.
Allan Goldblatt, M.D.
Jerome H. Grossman, M.D.
Joel F. Habener, M.D.
Martin S. Hirsch, M.D.
Cyrus C. Hopkins, M.D.
Adolph M. Hutter, Jr., M.D.
Newton E. Hyslop, M.D.
John W. Irwin, M.D.
H. Walter Jones, Jr., M.D.
Adolph W. Karchmer, M.D.
John W. Keller, M.D.
Robert C. Leinbach, M.D.
Norman S. Lichtenstein, M.D.
William F. McNeeley, M.D.
Lawrence M. Miller, M.D.
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William J. Powell, Jr., M.D.
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Robert H. Rubin, M.D.
Gino V. Segre, M.D.
Harvey B. Simon, M.D.
John H. Sisson, M.D.
Thomas W. Smith, M.D.
Thomas P. Stossel, M.D.
William E. Strole, M.D.
Charles H. Weingarten, M.D.
Gordon C. Weir, M.D.
Martin J. Wohl, M.D.

Assistants in Medicine

Lloyd Axelrod, M.D.
George L. Cohen, M.D.
James H. Currens, M.D.
Zareh N. Demirjian, M.D.
David J. Greenblatt, M.D.
Peter L. Gross, M.D.
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Lawrence C. Wood, M.D.

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Richard A. Field, M.D.
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Allan Kliman, M.D.
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Joseph A. Martino, M.D.
James C. McFarland, M.D.
Gordon T. Moore, M.D.
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Michael V. Sobel, M.D.
Oscar E. Starobin, M.D.
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Richard J. Wurtman, M.D.

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D. Michael Young, M.D.

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Jesse F. Scott, M.D.

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Mitzy L. Canessa, Ph.D.

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Nancy L. R. Bucher, M.D.
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Gerald N. Smith, Jr., Ph.D.

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John H. Highberger, Ph.D.
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Mohammed Shaban, Ph.D.
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Herbert L. Weith, Ph.D.

---

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Iih-Nan Chou, Ph.D.
Charles W. Christopher, Ph.D.
Betty A. Davidson, Ph.D.
Rebecca C. Garland, Ph.D.
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Nasir-ud-Din, Ph.D.
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Minoru Okayama, Ph.D.
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Dennis E. Schwartz, Ph.D.
Evelyne Walker-Nasir, Ph.D.

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James W. Poitras, B.S.

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Assistant Bacteriologist

Richard O. Roblin III, M.D.

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John A. Parrish, M.D.
Arthur J. Sober, M.D.
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Associate Physical Chemist

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Associate Biologist

George Szabo, Ph.D.

Assistant in Biostatistics

Robert A. Lew, Ph.D.

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Harley A. Haynes, M.D.

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Edward P. Richardson, M.D.

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Elwood Henneman, M.D.

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S. Allen Counter, Ph.D.

Associate Neuropathologist

Karl Erik Astrom, M.D.

Assistant in Neuropathology

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Pierre J. Stoffyn, Ph.D.

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Yasuo Kishimoto, Ph.D.
Robert H. McCluer, Ph.D.
Frank A. Sreter, Ph.D.

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Anne M. Stoffyn, Ph.D.

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Lawrence T. Stoddard, Ph.D.

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Donald F. Anderson, Ph.D.
Faye B. Arnett, Ph.D.

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Ewa E. Chelmicka-Szorc, M.D.

Consultant in Neuropathology
Paul I. Yakovlev, M.D.

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Gerald L. Klerman, M.D.
Aaron Lazare, M.D.
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Raquel E. Cohen, M.D.
Pattison Esmiol, M.D.
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Alan A. Stone, M.D.
Lionelle D. Wells, M.D.

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George W. Rever, M.D.
Joseph E. Schwartz, M.D.
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Lucille P. Carter, M.D.
Herbert S. Cline, M.D.
Robert W. Ferrell, Jr., M.D.
Jeffrey M. Gilbert, M.D.
Sidney Green, M.D.
Ronald O. Hurston, M.D.
Alan M. Jacobson, M.D.
Brian S. Joseph, M.D.
Ira Lable, M.D.
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Alan G. Robertson, M.D.
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Henry D. Abraham, M.D.
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Charles W. Carl, M.D.
Robert Cserr, M.D.
Franklin C. Curren, M.D.
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Warren E. Foote, Ph.D.
Clara Mayo, Ph.D.
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Barbara J. Burns, Ph.D.
David S. Chedekel, Ed.D.
Sherman Eisenthal, Ph.D.
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Assistant in Genetics
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Neurosurgery:	William H. Sweet, M.D. Paul Chapman, M.D.
Organ Transplantation:	Paul S. Russell, M.D. Ronald Malt, M.D.
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Consultant in Chemical Engineering

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A. Benedict Cosimi, M.D.
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Samuel H. Kim, M.D.
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Charles G. Mixter, III, M.D.
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Ronald W. Weintraub, M.D.
Masao Yatsuhashi, M.D.

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Martin J. Bellinger, M.D.
Francis H. Boudreau, M.D.
Charles T. Claydon, M.D.
James M. Doonan, M.D.
John V. Pikula, M.D.
William J. Porell, M.D.

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Daniel F. Malamud, Ph.D.

Immunologist

Henry J. Winn, Ph.D.

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Thomas C. Fuller, Ph.D.
Janet M. Plate, Ph.D.

Associate Biochemists

Ajit Kumar, Ph.D.
David A. Swann, Ph.D.

Assistant Biochemists

David Irwin, Ph.D.
Andre J. Ouellette, Ph.D.

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Jeffrey K. Raines, Ph.D.

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* Janet W. McArthur, M.D.
# George S. Richardson, M.D.

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* Assigned from Medical Service
▲ Assigned from Pediatric Service

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Clinical Assistant
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Nathaniel R. Hollister, M.D.
Vernon H. Mark, M.D.
Nicholas T. Zervas, M.D.

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Adelbert Ames III, M.D.

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Daniel A. Pollen, M.D.

Assistant in Neurophysiology in Neurosurgery
Edwin G. Fischer, M.D.

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Glyn R. Wellum, Ph.D.

Assistant Immunochemist in Neurosurgery
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Assistant in Neuropathology
Jonathan Shay, M.D.

Assistant in Anatomy in Neurosurgery
Virginia B. Peters, Ph.D.

Assistant in Immunology in Neurosurgery
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Consultant in Mathematics
Joseph H. Taylor, Ph.D.

Consultant in Psychology
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Consultant in Chemistry
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James I. Huddleston, M.D.
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Dineshkumar G. Patel, M.B., B.S.
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David P. Simmons, M.D.
Robert S. Steinberg, M.D.
Ralph C. Sweetland, M.D.
Elliott L. Thrasher, M.D.

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Niall M. Heney, M.D.
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Gerald Shklar, D.D.S.

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G. Richard Dickersin, M.D.
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Harold F. Dvorak, M.D.
Max Goodman, M.D.
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Robert B. Colvin, M.D.
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Karl H. Proppe, M.D.
Wanda M. Szyfelbein, M.D.
William R. Welch, M.D.

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Robert Fienberg, M.D.
Joel Umlas, M.D.

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James M. Gibson, M.D.
Robert S. Harper, M.D.
Charles G. Huizenga, M.D.
Lewis P. James, Jr., M.D.

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Edward P. Richardson, M.D.

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C. Miller Fisher, M.D.

Assistant Biochemists
Harry P. Ehrlich, Ph.D.
Neil S. Orenstein, Ph.D.

Assistant Biologist
Paul F. A. Maderson, Ph.D.

Consultant in Pathology
Walter G. J. Putschar, M.D.

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Edward Lowenstein, M.D.
Bucknam McPeek, M.D.
Henning Pontoppidan, M.D.
John F. Ryan, M.D.
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John M.R. Bruner, M.D.
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Brian C. Dalton, L.R.C.P.I.
Elliott V. Miller, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
Stanislaw K. Szyfelbein, M.D.
Sarita G. Walzer, M.D.
Roger S. Wilson, M.D.

Assistant Anesthetists

Hassan H. Ali, M.B., B.Ch.
Julien F. Biebuyck, M.B., Ch.B.
Nabil R. Fahmy, M.B., B.Ch.
Nishan G. Goudsouzian, M.B., B.Ch.
Miroslawa T. Jasinska, M.D.
Demetrios G. Lappas, M.D.
William B. Latta, M.D.
Alix Mathieu, M.D.
Mary K. Patterson, M.D.
Daniel M. Philbin, M.D.
Michael A. Rie, M.D.
James T. Roberts, M.D.
John J. Savarese, M.D.
Pennathur Sundaram, M.B.B.S.
I. David Todres, M.B., Ch.B.
Warren M. Zapol, M.D.

Assistants in Anesthesia

Lambertus J. Drop, M.D.
Eva Harnik, M.D.
Michael C. Long, M.D.
Annetta L. Murphy, M.D.
Daniel L. Nozik, D.D.S.
Janine T. Rodrigues, M.B.B.S.
Robert C. Schneider, M.D.
Michael T. Snider, M.D.
Stephen J. Thomas, M.D.

Clinical Associates in Anesthesia

Rafik Rizk Attia, M.B.B.Ch.
Han Twu Chiang, M.D.
Franco R. Dinale, M.D.
Bennie Geffin, M.B., B.Ch.
Bernard R. Hand, M.D.
Adly H. Iskandar, M.B., B.Ch.
Charles G. Kelley, M.D.
Robert F. Littlehale, M.D.
James C. Loomis, M.D.
Ward R. Maier, M.D.
Neville Rosen, B.M., H.Ch.
Adrian Selwyn, M.D.
Laurence A. Simons, M.B.B.S.
Eliot M. Slater, M.D.
Howard A. Trachtenberg, M.D.

Psychologist

Gene M. Smith, Ph.D.

Associate Biomedical Engineer

Ronald S. Newbower, Ph.D.

Assistant Biomedical Engineer

Jeffrey B. Cooper, Ph.D.

Assistant Pharmacologist

Keith W. Miller, D.Phil.

Assistant in Biochemistry

Janet C. Miller, D.Phil.

Assistant in Chemical Engineering
Clark K. Colton, Ph.D.

Assistant in Biostatistics
John P. Gilbert, Ph.D.

BACTERIOLOGY

Bacteriologist
Lawrence J. Kunz, Ph.D.

Assistant Bacteriologists
Theodore F. Medrek, Ph.D.
*Barbara K. Watson, Ph.D.

Consultant in Bacteriology
Robert C. Moellering, Jr., M.D.

CLINICAL CHEMISTRY LABORATORIES

Chief
Sidney V. Rieder, Ph.D.

CLINICAL LABORATORIES

Director
William S. Beck, M.D.

DEPARTMENT OF RADIATION MEDICINE

Chief of Department
Herman D. Suit, M.D.

Radiation Therapists
Milford D. Schulz, M.D.
Chiu-chen Wang, M.D.

Assistant Radiation Therapists
Chan H. Choi, M.D.
Ann Maria Chu, M.D.
Leonard L. Gunderson, M.D.
William U. Shipley, M.D.

Assistant in Radiation Medicine
Vincent S-T Cheng, M.D.

Radiation Biophysicist
Edward R. Epp, Ph.D.

Associate Radiation Biophysicist
Michael Goitein, Ph.D.

Assistant Radiation Biophysicists
Peter J. Biggs, Ph.D.
Arthur L. Boyer, Ph.D.
Clifton C. Ling, Ph.D.
Lynn J. Verhey, Ph.D.

Assistants in Radiation Biophysics
Karen P. Doppke, M.S.
Miriam M. Gitterman, M.S.

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*On leave of Absence

Assistant in Biology
Robert S. Sedlacek, M.S.

Consultants in Radiation Medicine
Lawrence M. Kotner, M.D.
Edward B. Seldin, D.M.D.

Consultant Biologist
Luka Milas, Ph.D., M.D.

Consultant in Epidemiology
Kenneth J. Rothman, D.M.D.

DEPARTMENT OF REHABILITATION MEDICINE

Chief
Robert D. Leffert, M.D.

BLOOD TRANSFUSION SERVICE

Director
Charles E. Huggins, M.D.

Assistant Directors
Thomas C. Fuller, Ph.D.
Harold E. Warford, M.T. (ASCP)

Clinical Consultants
John P. Remensnyder, M.D.
John T. Truman, M.D.

RADIOLOGY

Chief of Department
Juan Taveras, M.D.

Visiting Radiologist
Stanley M. Wyman, M.D.

Radiologists
Robert E. Dinsmore, M.D.
Jack R. Dreyfuss, M.D.
Joseph T. Ferrucci, Jr., M.D.
Marjorie J. LeMay, M.D.
Paul F.J. New, M.D.
Henry P. Pendergrass, M.D.
Richard C. Pfister, M.D.
Majic S. Potsaid, M.D.
Laurence L. Robbins, M.D.
Alfred L. Weber, M.D.

Associate Radiologists
Christos A. Athanasoulis, M.D.
Roger A. Bauman, M.D.
Reginald E. Greene, M.D.
Gerald M. Kolodny, M.D.
Henry J. Llewellyn, M.D.
Kenneth A. McKusich, M.D.
K. Jack Momose, M.D.
Glenn H. Roberson, M.D.
Jack Wittenberg, M.D.

Assistant Radiologists
Spencer Borden IV, M.D.
Kenneth R. Davis, M.D.
Farooq Jaffer, M.D.
Lester Kalisher, M.D.
Stephen W. Miller, M.D.
Jeffrey H. Newhouse, M.D.
Isabel C. Yoder, M.D.
Arthur C. Waltman, M.D.

Assistants in Radiology

Robert H. Ackerman, M.D.
Barbara S. Braitman, M.D.
Terry M. Hudson, M.D.
Robert A. Novelline, M.D.
Steven F. Ratnofsky, M.D.
Robert C. Sarno, M.D.
Francis J. Sullivan, M.D.
Lee R. Wales, M.D.

Clinical Associates in Radiology

Daniel I. Becker, M.D.
Karl T. Benedict, M.D.
Robert E. Boyd, III, M.D.
W. Robert Courey, M.D.
Salvatore A. DeLuca, M.D.
Gail R. Eliot, M.D.
Joseph Hanelin, M.D.
Murray L. Janower, M.D.
Richard E. Land, M.D.
D. Glyn Millard, M.D.
Abbot R. Miller, M.D.
H. Peter Mueller, M.D.
Robert A. Nebesar, M.D.
Richard G. O'Brien, M.D.
William J. Otto, M.D.
Arthur K. Patterson, M.D.
James A. Peterson, M.D.
James J. Pollard, M.D.
John T. Pollard, Jr., M.D.
Stuart H. Shapiro, M.D.
Thomas E. Shea, M.D.
Vincent R. Sites, M.D.
Milton A. Weiner, M.D.
Robert C. Williams, M.D.

Physicists

Gordon L. Brownell, Ph.D.
Edward W. Webster, Ph.D.

Associate Physicists

Saul Aronow, Ph.D.
Charles A. Burnham, M.S.
David A. Chesler, Sc.D.
Bernard Hoop, Jr., Ph.D.

Assistant Physicists

Nathaniel M. Alpert, Ph.D.
Frank P. Castronovo, Jr., Ph.D.

Assistants in Physics

Bhagwat E. Ahluwalia, Ph.D.
John A. Correia, Ph.D.
Jane E. Correll, M.A.S.
Linda A. Deveau, M.A.S.
Brian W. Murray, Ph.D.

Engineer

Malcolm MacKay

Assistant Chemist

Donald J. Hnatowich, Ph.D.

Consultants in Radiology

John B. Little, M.D.
Edward B. D. Neuhauser, M.D.
Richard Schatzki, M.D.
Lucy F. Squire, M.D.

Consultants in Dental Roentgenology

Walter C. Guralnick, D.M.D.
R. Bruce Donoff, D.M.D.

HOUSE STAFF

Residents and Interns
as of January 1, 1976

MEDICINE

Chief Resident
Eve E. Slater, M.D.

Third Year Residents

Donald S. Burke, M.D.
Charles H. Caplan, M.D.
Blase A. Carabello, M.D.
Lee Goldman, M.D.
Allan H. Goroll, M.D.
Donald J. Krogstad, M.D.
Barbara E. Murray, M.D.
James A. Nolan, M.D.
Samuel R. Nussbaum, M.D.
Terrence A. O'Malley, M.D.
Frederick S. Southwick, M.D.

Second Year Residents

Thomas R. Allyn, M.D.
Andrew G. Bodnar, M.D.
Franklin R. Bringhurst, M.D.
C. Alan Brown, M.D.
Mark W. Clark, M.D.
David R. Clemmons, M.D.
Joseph E. Davis, Jr., M.D.
Leslie S-T Fang, M.D.
David J. Fink, M.D.
David G. Gardner, M.D.
Jeffrey E. Harris, M.D.
Eleanor T. Hobbs, M.D.
Lewis C. Lipson, M.D.
Lawrence A. May, M.D.
Richard C. Pasternak, M.D.
Eric R. Powers, M.D.
Amy A. Pruitt, M.D.
James R. Snapper, M.D.
Robert S. Williams, M.D.
Mark A. Winchester, M.D.
Beverly Woo, M.D.

First Year Residents (Interns)

Robert A. Altbaum, M.D.
John C. Baldwin, M.D.
Michael E. Bigby, M.D.
David Blumenthal, M.D.
Nelson M. Braslow, M.D.
Stephen B. Calderwood, M.D.
John P. DiMarco, M.D.
Stella A. Goings, M.D.
John D. Goodson, M.D.
Carl Grunfeld, M.D.
Marvin A. Konstam, M.D.
Paul W. Ladenson, M.D.
George V. Lawry II, M.D.
Jennifer L. Link, M.D.
Albert G. Mulley, M.D.
Douglas A. Murphy, M.D.
Howard Ozer, M.D.
Mark S. Pasternack, M.D.
Harry R. Phillips, M.D.
Ellis L. Reinherz, M.D.
John W. Stakes III, M.D.
Douglas R. Zusman, M.D.

DERMATOLOGY

Third Year Residents

Gregory L. Flint, M.D.
Barbara A. Gilchrest, M.D.

Second Year Residents

Gabriel G. Gruber, M.D.
Sylvia C. Johnson, M.D.
Ronald S. Kahan, M.D.
Thomas M. Krop, M.D.

First Year Residents

Daniel C. Burnes, M.D.
Arthur R. Rhodes, M.D.
Douglas W. Woolridge, M.D.

NEUROLOGY

Chief Resident
Frank H. Anderson, M.D.

Third Year Residents
William J. L. Cable, M.B., Ch.B.
Camille B. Draskoczy, M.D.
Raymond J. Fernandez, M.D.
Julie L. Heston, M.D.
Robert A. Levine, M.D.
John B. Welch, M.D.

Second Year Residents
Telmo M. Aquino, M.D.
Robert D. Helme, M.B.B.S.
Daniel B. Hier, M.D.
Richard C. Hinton, M.D.
Stephen M. Sagar, M.D.
Thomas M. Walshe, M.D.
Howard D. Weiss, M.D.

First Year Residents
Maria D. Arroyo, M.D.
Howard S. Kirshner, M.D.
Dennis M. D. Landis, M.D.
Elizabeth A. Reid, M.D.
Jorge A. Romero, M.D.
Paul D. Walter, M.D.

PSYCHIATRY

Fourth Year Resident
Robert J. Zimin, M.D.

Third Year Residents
Arthur J. Barsky, M.D.
Joel E. Dimsdale, M.D.
Martin B. Keller, M.D.
Gerald R. Mittler, M.D.
George B. Murray, M.D.
G. Gershon Silber, M.D.
Charles A. Welch, M.D.
Barry R. Zitin, M.D.

Second Year Residents
William E. Falk, M.D.
Bernard M. Gerber, M.D.
Howard M. Greilsheimer, M.D.
Stephen C. Kleinman, M.D.
Anastasia Kucharski, M.D.
Mark G. F. McCormick, M.D.
Richard C. Rice, M.D.
Jerrold F. Rosenbaum, M.D.
Linda C. Shafer, M.D.
Jeffrey L. Simmons, M.D.
Lois S. Slovik, M.D.
Gordon J. Trockman, M.D.
David A. Waller, M.D.
Thomas G. Worobec, M.D.

First Year Residents
Milton K. Erman, M.D.
Sherman S. Fox, M.D.
Gregory L. LaVigne, M.D.
Laurence S. Lorefice, M.D.
Richard E. Minter, M.D.
Dean X. Parmelee, M.D.
Jonathan S. Rothman, M.D.
Jonathan P. Schindelheim, M.D.
John H. Shale III, M.D.
Adele G. Wilkeson, M.D.

CHILDREN'S

Chief Resident
Michael F. Epstein, M.D.

Third Year Residents
Laura R. Ment, M.D.
Madeline B. Morris, M.D.
Steven M. Reppert, M.D.
David R. Sigelman, M.D.
Mary C. Thrift, M.D.
Michael A. Wall, M.D.
Melinda K. Zitin, M.D.

Second Year Residents

David A. Auerbach, M.D.
Ira Bergman, M.D.
Mark A. Goldstein, M.D.
Peter A. Gorski, M.D.
James Higgins, M.D.
Martha J. Macdonald, M.D.
Robert M. Meyer, M.D.
Susan R. Panny, M.D.
Margaret S. Ross, M.D.
William A. H. Sammons, M.D.

First Year Residents (Interns)

Herbert W. Clegg II, M.D.
Lawrence D. Cohan, M.D.
David R. DeMaso, M.D.
Stephen R. Fahey, M.D.
Ernest F. Krug III, M.D.
Michael L. Macknin, M.D.
Michael G. Marenchic, M.D.
Patricia P. O'Rourke, M.D.
Neil R. Satten, M.D.
Alexander M. Walker, M.D.

NEUROSURGERY

Fifth Year Resident

Kenneth H. Ott, M.D.

Fourth Year Residents

Roberto C. Heros, M.D.
Lincoln F. Ramirez, M.D.

Third Year Resident

Curtis N. Nelson, M.D.

Second Year Residents

Peter M. Black, M.D.
Michael H. Lavyne, M.D.
Eugene A. Quindlen, M.D.

First Year Residents

Teodoro F. Dagi, M.D.
Thomas H. Jones, M.D..
Robert L. Martuza, M.D.
Barry H. Smith, M.D.

ORAL SURGERY

Chief Resident

Willie L. Stephens, D.D.S.

Third Year Resident

John P. W. Kelly, M.D.

Second Year Residents

Jeffrey D. Stone, D.M.D.
Larry S. Williams, D.D.S.

First Year Residents

Rocco R. Addante, D.M.D.
Charles N. Bertolami, D.D.S.

ORTHOPAEDIC SURGERY

Chief Resident

John B. Emans, M.D.

Third Year Residents

Roy K. Aaron, M.D.
Arnold S. Broudy, M.D.
John C. Garrett, M.D.
Frederick L. Jones, M.D.
Peter D. Kent, M.D.
Harold C. Leeds, M.D.
William W. Tomford, M.D.
John R. Whiffen, M.D.

Second Year Residents

Robert M. Averill, M.D.
Robert K. Hillier, M.D.
Harry E. Jergesen, M.D.
Scott V. Linder, M.D.
Stephen J. Lipson, M.D.
John M. Mazur, M.D.
Stephen H. Norris, M.D.
Frank Seinsheimer, M.D.
Peter J. Stern, M.D.

First Year Residents

Peter C. Amadio, M.D.
Stephen G. Brown, M.D.
Ronald D. Ellis, M.D.
Douglas O. Halsted, M.D.
Philip J. Lahey, M.D.
Steven A. Manalan, M.D.
Victor Tseng, M.D.
Melvin D. Young, M.D.

SURGERY

Chief Residents

David C. Brewster, M.D.
Douglas Bunting III, M.D.
John C. Hawk, M.D.
Alan D. Hilgenberg, M.D.
Frederick H. Levine, M.D.

Fifth Year Residents

Benjamin E. Cohen, M.D.
Nevin M. Katz, M.D.
Michael L. Meistrell, M.D.
Samuel L. Selinger, M.D.

Fourth Year Residents

David C. Allison, M.D.
Matthias B. Donelan, M.D.
Jose R. Gonzales, M.D.
Herbert C. Hoover, Jr., M.D.
Robert Lowe, M.D.
Sharon K. Muenchow, M.D.
Robert O. Powell, M.D.
John H. Raaf, M.D.
Michael Scheflan, M.D.
Robert L. Thurer, M.D.

Third Year Residents

William P. Adams, M.D.
Thomas F. Dodson, M.D.
Robert A. Guyton, M.D.
Arlen R. Holter, M.D.
James K. Kirklin, M.D.
Richard B. Lewis, M.D.
Patrick J. O'Hara, M.D.
Francis B. Pease, M.D.
Jon A. Perlman, M.D.
David M. Shahian, M.D.
Bruce M. Smith, M.D.
Luis F. Villar, M.D.

Second Year Residents

William S. Coleman, M.D.
Wayne M. Derkac, M.D.
Richard P. Harmel, M.D.
Michel Jean-Baptiste, M.D.
Jesse B. Jupiter, M.D.
Douglas J. Mathisen, M.D.
Charles J. McCabe, M.D.
Thomas P. McGovern, M.D.
Susan E. Miller, M.D.
Charles Peters, M.D.
Edmond J. Raker, M.D.
Harry C. Schwartz, M.D.
Gregory E. Scott, M.D.
William C. Scott II, M.D.
Joseph P. Vacanti, M.D.
Boyd H. Winslow, M.D.

First Year Residents (Interns)

Steven W. Guyton, M.D.
Reid H. Hansen, M.D.
Houston Johnson, Jr., M.D.
Richard J. Morgan, M.D.
Christopher J. Morin, M.D.
M. Kathleen Reilly, M.D.
Andrew B. Roberts, M.D.
Russell L. Ryan, M.D.
Paul K. Safer, M.D.
Richard D. Scheinberg, M.D.
Robert C. Shamberger, M.D.
Steven Varadi, M.D.
Gus J. Vlahakes, M.D.
David J. Zaleske, M.D.

PATHOLOGY

Chief Resident
Peter A. Dervan, M.D.

Fourth Year Residents
Richard D. Bradley, M.D.
Richard J. Geller, M.D.
Walter K. Jung, M.D.
Susan D. Patterson, M.D.

Third Year Residents
Roy J. Apter, M.D.
Michael J. Gallagher, M.D.
Stephen J. Galli, M.D.
Ben Z. Pilch, M.D.

Second Year Residents
John T. Fallon, M.D.
Terence J. Harrist, M.D.
George M. Kleinman, M.D.
Katharine S. Kosinski, M.D.
Joan R. Kumar, M.D.
Walter P. Richardson, M.D.
Robert E. Sandstrom, M.D.
Ronald L. Sirota, M.D.

First Year Residents
Michael F. Briselli, M.D.
Christopher G. Murlas, M.D.
Arnold R. Oppenheim, M.D.

First Year Residents (Interns)
Peter R. Boyd, M.D.
James D. Faix, M.D.
Jettie V. Hunt, M.D.
Mindy Persson, M.D.
Marc E. Sternberg, M.D.
Erika L. Whitmore, M.D.

ANESTHESIA

Chief Resident
Peter R. Silverstein, M.D.

Fourth Year Resident
Frank G. Zavisca, M.D.

Third Year Residents
J. Kenneth Davison, M.D.
Clifton W. Emerson, M.D.
Peter R. Silverstein, M.D.
Peter F. Walker, M.D.

Second Year Residents
Robert K. Crone, M.D.
Frederic M. deBros, M.D.
Robert T. Falltrick, M.D.
Ronald D. Friedman, M.D.
Stephen H. Harkness, M.D.
Andrew G. Kadar, M.D.
Toyoki Kugimiya, M.D.
Philip W. Lebowitz, M.D.
Donald H. Marcus, M.D.
Lawrence D. Mass, M.D.
Mark M. Mitchell, M.D.
Brian P. Murray, M.D.
Philippa Newfield, M.D.
William R. Platzer, M.D.
Frederic M. Ramsey, M.D.
Peter T. Rothstein, M.D.
Jonathan M. Schwartz, M.D.
Mark Siegel, M.D.
Harvey C. Slocum, Jr., M.D.
Donald R. Stanski, M.D.
John K. Stene, M.D.
Richard S. Teplick, M.D.
James S. Wechsler, M.D.

First Year Residents

John R. Ammon, M.D.
Armen J. Bogosian, M.D.
Richard H. Edmondson, M.D.
James M. Gayes, M.D.
Anthony George, M.D.
Glenn P. Gravlee, M.D.
William L. Hazard, M.D.
Sean K. Kennedy, M.D.
Philip E. Lane, M.D.
Jonathan Moss, M.D.
Constance F. Neely, M.D.
Mark A. Rockoff, M.D.
Carl E. Rosow, M.D.
Thomas R. VerLee, M.D.
W. David Watkins, M.D.

UROLOGY

Chief Resident
Terry W. Hensle, M.D.

Third Year Resident
John S. F. Daly, M.D.

Second Year Resident
Michael E. Mitchell, M.D.

First Year Residents
I. Kathleen Cook, M.D.
Kiran K. Crooks, M.D.
Peter T. Nieh, M.D.

RADIATION MEDICINE

Chief Resident
Oscar A. Mendiondo, M.D.

Third Year Residents
Gerald H. Sokol, M.D.
Joel E. Tepper, M.D.

Second Year Residents
Arthur J. Elman, M.D.
Newell O. Pugh, M.D.

First Year Residents
Tyvin A. Rich, M.D.
Anthony H. Russell, M.D.

RADIOLOGY

Chief Resident
Adrian G. Krudy, M.D.

Fourth Year Residents
James N. Dreisbach, M.D.
Milton J. Guiberteau, M.D.
Fred A. Mettler, Jr., M.D.

Third Year Residents
Edward B. Black, M.D.
William V. Glenn, Jr., M.D.
Alan J. Greenfield, M.D.
Ronald L. Hainen, M.D.
James T. Rhea, M.D.
Derace L. Schaffer, M.D.
Michael J. Shortsleeve, M.D.
Philip E. Steeves, M.D.
Harold P. Weintraub, M.D.

Second Year Residents

Terence R. Allen, M.B., Ch.B.
James M. Davis III, M.D.
Alan G. Dembner, M.D.
Deborah A. Hall, M.D.
Saadoon Kadir, M.D.
Daniel B. Kopans, M.D.
Hing-Har Lo, M.D.
John A. Long, M.D.
Peter R. Mueller, M.D.
Robert G. Peyster, M.D.
Oscar J. Solis, M.D.
James H. Zuger, M.D.

First Year Residents

Robert A. Greenes, M.D.
Lucy E. Hann, M.D.
William P. Harbin, M.D.
William D. Harley, M.D.
Robert J. Isler, M.D.
David C. Kushner, M.D.
Samuel L. Maxwell, Jr., M.D.
James D. McChesney, M.D.
Joe R. Stock, M.D.
Barry D. Toombs, M.D.

CLINICAL AND RESEARCH FELLOWS

MEDICINE

Visiting Fellow
Maria C. deBlanco, M.D.

Fellows

Robert C. Aber, M.D.
Janet L. Abrahm, M.D.
John B. Adams, M.D.
William J. Alton, M.D.
Dennis A. Ausiello, M.D.
Carter M. Becker, M.D.
Lynn J. Bennion, M.D.
Eric G. Berger, M.D.
Leonard B. Berkowitz, M.D.
Bruce J. Biller, M.D.
John A. Billings, M.D.
Charles A. Boucher, M.D.
Michael A. Boxer, M.D.
Jory L. Braun, M.D.
Jacob G. Brook, M.B., B.Ch.
Michael A. Bush, M.D.
L. Edward Cannon, Ph.D.
Angelina C. Carvalho, M.D.
Leo M. Cass, M.D.
William Cass, M.D.
Francisco R. Castro, M.D.
Sarah H. Cheeseman, M.D.
Richard S. Cherlin, M.D.
Mary B. Clark, Ph.D.
Elliott L. Cohen, M.D.
Arturo Cordova, M.D.
Lawrence M. Crapo, M.D.
Malcolm M. Cronlund, Ph.D.
William F. Crowley, M.D.
Gregory D. Curfman, M.D.
Pierre D'Amour, M.D.
John B. Davidson, Ph.D.
Jean-Michel Dayer, M.D.
Richard E. Dixon, M.D.
N. Dudani, M.B.B.S.
Lawrence J. Eron, M.D.
Samuel A. Fagenholz, M.D.
Mohammed Farivar, M.D.
Arthur E. Feinerman, M.D.
Edward R. Feller, M.D.
Robert R. Fenichel, Ph.D.
Stan N. Finkelstein, M.D.
Warren Finkelstein, M.D.
Michael R. Fischetti, M.D.
Henry C. Ford, M.D.
Norberto S. Frega, M.D.
Thomas Q. Garvey, M.D.
Julianne Glowacki, Ph.D.
Steven R. Goldring, M.D.
Richard L. Goldstein, M.D.
Robert J. Goldstein, M.D.
John A. Hardin, M.D.
Richard W. Harper, M.D.
Mary C. Heine, Ph.D.
John W. Henley, M.B., Ch.B.
Edward P. Hoffer, M.D.
Charles J. Homcy, M.D.
Charles F. Irwin, M.D.
Shahrokh Javaheri, M.D.
Barbara P. Johnson-Muller, Ph.D.
Martin I. Kalish, M.D.
Ban-An Khaw, Ph.D.
J. David Kieffer, Ph.D.
Henry M. Kronenberg, M.D.
Pedro Labarca, M.Sc.
Joel B. Levine, M.D.
Loren G. Lipson, M.D.
Richard A. Murphy, Ph.D.
Edward A. Nardell, M.D.
Theodore E. Nash, M.D.
David A. Newsone, M.D.
Roslyn B. Orkin, Ph.D.
Igor Palacios Urdaneta, M.D.
Allan Pont, M.D.
Jacques Portoukalian, Ph.D.
Roderick E. Prior, M.D.
Andrea Quaroni, Ph.D.
Ruth S. Quinn, Ph.D.
Charles S. Rinaldo, Jr., Ph.D.
Michael Rosenblatt, M.D.
Mario S. Rosemblatt, Ph.D.
Steven E. Rubin, M.D.
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Robert G. G. Russell, Ph.D.
David L. Rutlen, M.D.
Kiran B. Sagar, M.D.
David A. Samuels, M.D.
William E. Seaman, M.D.
Kamini Shastri, Ph.D.
Paul C. Simpson, Jr., M.D.
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David M. Slovik, M.D.
Daniel E. Souder, M.D.
Nancy L. Sprince, M.D.
Mark B. Stockman, M.D.
Donald R. Studney, M.D.

Anne O. Summers, Ph.D.
William W. Taylor, M.D.
George E. Thibault, M.D.
Janet Thorndike, Ph.D.
Wayne N. Trebbin, M.D.
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Paul A. Vignola, M.D.
Carol A. Waksmonski, M.D.
Albert C. Weihl II, M.D.
Sigmund A. Weitzman, M.D.
Danny M. Westphal, M.D.
Laura F. Wexler, M.D.
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David J. Wyler, M.D.
Lawrence A. Yeatman, Jr., M.D.
Michael B. Zack, M.D.
Vincent R. Zurawski, Jr., Ph.D.
Leonard J. Zwerling, M.D.

DERMATOLOGY

Ritendra K. Biswas, Ph.D.
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Joseph Kubilus, Ph.D.
Barbara B. Mandula, Ph.D.
Warwick L. Morison, M.B.B.S.
Andris Neimanis, M.D.
Jean-Paul Ortonne, M.D.
Rafael A. Perez-Figaredo, M.D.
Steven K. Shama, M.D.
Robert S. Stern, M.D.
Masaaki Takahashi, M.D.
Bruce U. Wintroub, M.D.

NEUROLOGY

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Hiroshi Akanuma, Ph.D.
Jack P. Antel, M.D.
Peter F. Daniel, Ph.D.
William L. High, Jr., M.D.
Monique Lefebvre-D'Amour, M.D.
David N. Levine, M.D.
Takashi Miura, Ph.D.
Janina Prot-Wald, M.D.
David P. Richman, M.D.
Maria V. Salam, M.D.
Jean M. Schoenen, M.D.
Fereydoun Shahrokhi, M.D.
Yukihiro Shoyama, Ph.D.
Inderjit Singh, Ph.D.
M. David Ullman, Ph.D.

NEUROPATHOLOGY

Martin A. Samuels, M.D.
Hermann A. Schmid, M.D.

PSYCHIATRY

David F. Allen, M.B., Ch.B.
Anne W. Alonso, M.Ed.
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Sylvia C. Gerson, Ph.D.
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Charles Krauthammer, M.D.
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James H. Wheeler, M.D.
Martha S. Wiske, M.A.

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Sidney E. Chang, Ph.D.
Jose F. Cordero, M.D.
Suzanne D. Dixon, M.D.
Joseph D. Irr, Ph.D.
Craig L. Kien, M.D.
Mary E. King, M.D.
David A. Link, M.D.
Roderick R. McInnes, M.D.
Robert G. Seeman, M.D.
Raymond E. Sicard, Ph.D.
William J. Vanjonack, Ph.D.
Ai-Lien Wu, Ph.D.

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Richard B. Morawetz, M.D.

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Roger N. Baird, M.B., Ch.B.
Everett Bandman, Ph.D.
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Pedro S. Blanco, M.D.
Robert Boucher, M.D.
Carolyn J. Brooks, Ph.D.
James F. Burdick, M.D.
Eric G. Butchart, M.B.B.S.
Nicholas L. Constantinople, M.D.
Francis L. Delmonico, M.D.
Amin M. Ebeid, M.B., Ch.B.
Luis Erana, M.D.
Jean C. Escourrou, M.D.
G. Gregory Gallico, M.D.
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Robert D. Gordon, M.D.
Jerome Haber, D.D.S.
Yasuo Ito, M.D.
Edward E. Jacobs, M.D.
Masaki Kitajima, M.D.
Koichi Kobayashi, M.D.
William G. Lavelle, M.D.
Lucien N. Levy, Ph.D.
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Costas G. Sbokos, M.D.
William L. Smead, M.D.
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William D. Soper, M.D.
Jacques Suaudeau, M.D.
Paul H. Sugarbaker, M.D.
Pedro J. Valdes, M.D.
Hermanus F. Veen, M.D.
Michael P. Vezeridis, M.D.
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Tamas A. Farkas, M.D.
Dragoslaw Mitrovic, M.D.
Bernard J. L. Moyen, M.D.
Indong Oh, M.D.
Inge M. Reimann, M.D.
Richard A. St. Onge, M.D.
Norman S. Schachar, M.D.
Bertram Zarins, M.D.

PATHOLOGY

Peter Clopath, Ph.D.
Pacita Chan Te Keh, M.D.
Clive L. Hall, M.D.
Henry C. Powell, M.D.
Peter W. Scherer, M.D.

RADIOLOGY

Jan O. G. Brismar, M.D.
Fredrick W. Hertzel, Ph.D.
George B. Inglis, Ph.D.
Joseph C. Jones, M.D.
Richard C. Lanza, Ph.D.
Daniel H. O'Leary, M.D.
Kenneth W. Sniderman, M.D.
Marshall A. Weissberger, Ph.D.
Robert S. Wenstrup, Ph.D.

UROLOGY

Eric J. Sacknoff, M.D.

RADIATION MEDICINE

Visiting Fellow

Vlatko Silobrcic, Ph.D.

Fellows

Rita M. Linggood, M.B.B.S.
Leo E. Gerweck, Ph.D.
Adrian R. Timothy, M.B.B.S.

ORAL SURGERY

Visiting Fellow

Ralph G. Merrill, D.D.S.

Fellows

Thomas W. Albert, D.M.D.
Vincent P. Cotruvo, D.D.S.
Larry F. Hill, D.D.S.
David A. Keith, B.D.S.
Mohsen Kermanshahi, D.D.S.

ANESTHESIA

Malcolm E. Agnew, M.B.B.S.
Robert P. Antonio, M.D.
William B. Chan, D.M.D.
Roland M. Couche, M.B., Ch.B.
Glenn L. Coutts, M.D.
Benjamin G. Covino, M.D.
Michael J. Davies, M.B.B.S.
John N. Ditton, M.B., B.S.
Cynthia G. Lawrence, M.D.
Astrid E. Liland, M.D.
Letty M. Liu, M.D.
Philip Liu, M.D.
Jeevendra A. D. Martyn, M.B., B.S.
Kam-Yee Yu Pang, Ph.D.
Michael J. Pringle, Ph.D.
Lein-Chun Shaw, M.D.
Malcolm J. Heslop, M.R.C.S.

STAFF
THE MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL

List of Officers and Staff begins on page 214.

Massachusetts Eye and Ear Infirmary

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary, an adjacent but independent specialty hospital. Their staff becomes a part of the staff of the Massachusetts General Hospital and is as follows:

MEDICAL STAFF

DEPARTMENT OF OPHTHALMOLOGY

ACTIVE STAFF

Chief of Ophthalmology
Claes H. Dohlman, M.D.

Assistant Chief of Ophthalmology
Richard A. Thoft, M.D.

Surgeons in Ophthalmology
S. Arthur Boruchoff, M.D.
Robert J. Brockhurst, M.D.
Thomas P. Cronin, M.D.
Claes H. Dohlman, M.D.
W. Morton Grant, M.D.
Alfred W. Scott, M.D.
David H. Scott, M.D.
Richard J. Simmons, M.D.
Taylor R. Smith, M.D.
Richard A. Thoft, M.D.

Associate Surgeons in Ophthalmology
Lloyd M. Aiello, M.D.
Richard B. Chapman, M.D.
David D. Donaldson, M.D.
H. MacKenzie Freeman, M.D.
Carl G. Freese, M.D.
Stephen J. Fricker, M.D.
John R. Gehring, M.D.
Warren D. Haley, M.D.
B. Thomas Hutchinson, M.D.
Robert C. Lawlor, M.D.
Byron S. Lingeman, M.D.
J. Wallace McMeel, M.D.
Ichiro D. Okamura, M.D.
George M. Olive, M.D.
Baruch J. Sachs, M.D.
Michael Wiedman, M.D.

Assistant Surgeons in Ophthalmology
Eliot L. Berson, M.D.
Charles K. Beyer, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
Albert R. Frederick, Jr., M.D.
Alexander R. Gaudio, M.D.
George E. Garcia, M.D.
Ralph H. Hinckley, M.D.
Roland6E. Houle, M.D.
Joseph C. Kim, M.D.
Mohandas M. Kini, M.D.
Arnold J. Kroll, M.D.
Joel Arthur Kraut, M.D.
Brent W. Lambert, M.D.
Deborah Pavan-Langston, M.D.
Eeva-Liisa Martola, M.D.
David Miller, M.D.
Joseph Michon, M.D.
Robert A. Peterson, M.D.
Silvio R. von Pirquet, M.D.
Roland C. Pruett, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
John G. Sebestyen, M.D.
Harvey H. Slansky, M.D.
David S. Walton, M.D.
Donald R. Weis, M.D.

Assistants in Ophthalmology

Robert A. Bellows, M.D.
Don Carl Bienfang, M.D.
Chester J. Boulris, M.D.
Jack F. Bowers, M.D.
David G. Campbell, M.D.
H. Dwight Cavangh, M.D.
Robert B. Cook, M.D.
Leo T. Chylack, M.D.
Richard L. Dallow, M.D.
Frederick John Elsas, M.D
Gault M. Farrell, M.D.
Elliot M. Finkelstein, M.D.
Richard P. Floyd, M.D.
James M. Gordon, M.D.
Robert A. Gorn, M.D.
Evangelos S. Gragoudas, M.D.
David S. Greenseid, M.D.
Arthur S. Grove, M.D.
David A. Hill, M.D.
Tatsuo Hirose, M.D.
David S. Hutchison, M.D.
Barry H. Jacobs, M.D.
Eric H. Johnson, M.D.
Jay H. Kaufman, M.D.
Robert T. Lacy, M.D.
James R. Lee, M.D.
Ernst J. Meyer, M.D.
Paul E. Michelson, M.D.
Peter B. Mooney, M.D.
Edward Murphy, Jr., M.D.
Roger V. Ohanesian, M.D.*
David G. Perkins, M.D.
Donald W. Putnoi, M.D.
Edward S. Ryan, M.D.
Kenneth A. Stampfer, M.D.
Felipe I. Tolentino, M.D.
Daniel W. Toplin, M.D.
Clement Trempe, M.D.
Paul F. Vinger, M.D.
George A. Violin, M.D.
Shirley H. Wray, M.D.
(Neuro-Ophthalmology)

Associate Staff

John F. Griffin, M.D.*

Consulting Chiefs of Ophthalmology

Henry F. Allen, M.D.
Paul A. Chandler, M.D.
David G. Cogan, M.D.
Edwin B. Dunphy, M.D.
Charles D. J. Regan, M.D.

Senior Consulting Surgeons in Ophthalmology

D. Robert Alpert, M.D.
William P. Beetham, M.D.
Harry E. Braconier, M.D.
Virgil G. Casten, M.D.
Joseph M. Clough, M.D.
Mahlon T. Easton, M.D.
Trygve Gundersen, M.D.
Carl C. Johnson, M.D.
Brandon D. Leahey, M.D.
Sumner D. Liebman, M.D.
Henry A. Mosher, M.D.
Irving L. Pavlo, M.D.
Abraham Pollen, M.D.
Karl Riemer, M.D.
Charles L. Schepens, M.D.
Earl S. Seal, M.D.
Albert E. Sloane, M.D.
Garrett L. Sullivan, M.D.
Francis J. West, M.D.

Senior Consulting Ophthalmic Pathologist

Parker Heath, M.D.

HONORARY STAFF

Associate Surgeons in Ophthalmology

Frederick B. Breed, M.D.
John M. Hill, M.D.
Charles H. MacLaughlin, M.D.

Assistant Surgeons in Ophthalmology

Julian F. Chisholm, M.D.
Paul D. Hurley, M.D.
Robert Kinder, M.D.
Arthur M. Morrissey, M.D.
Bertha Offenbach, M.D.

*L.O.A.

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Acting Director

Emergency Room
Arthur Grove, M.D., Director

Glaucoma Consultation Service
W. Morton Grant, M.D., Director

Cornea Service
Deborah Pavan-Langston, M.D.,
Director

Ocular Motility Service
Stephen J. Fricker, M.D., Director

Ophthalmic Pathology
Taylor R. Smith, M.D., Director

Pediatric Service
David Walton, M.D., Director

Retina Service
Robert Brockhurst, M.D.,
Acting Director

Neuro-Ophthalmology Service
Shirley H. Wray, M.D., Director

Resident Training
H. Dwight Cavanagh, M.D.,
Director

OTOLARYNGOLOGY

ACTIVE STAFF

Chief of Otolaryngology
Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

William L. Hayden, M.D.
Alfred L. Hurst, M.D.
Robert E. Klotz, M.D.
Donald K. Lewis, M.D.[1]
Robert H. Lofgren, M.D.
John E. McKeigue, M.D.
William W. Montgomery, M.D.
Harold F. Schuknecht, M.D.

Associate Surgeons in Otolaryngology

Yale J. Berry, M.D.
Allan G. Edwards, M.D.
Richard R. Gacek, M.D.
C. Edward Jackson, M.D.
Roy A. Johnson, M.D.
Donald G. Keamy, M.D.
Thomas R. Klein, M.D.
John M. Kurkjian, M.D.
Clarence E. Kylander, M.D.
Rufus C. Partlow, M.D.
John C. Trakas, M.D.

Assistant Surgeons in Otolaryngology

David D. Burtner, M.D.
Robert V. Cheren, M.D.
Robert P. Cipro, M.D.
Charles W. Cummings, M.D.[2]
Richard L. Fabian, M.D.
Carl M. Lieberman, M.D.
Jon B. Liland, M.D.
Joseph A. Moretti, M.D.
David L. Pierce, M.D.
Marshall Strome, M.D.
Albert Weiser, M.D.
Ernest A. Weymuller, M.D.
William R. Wilson, M.D.

Assistants in Otolaryngology

Howard M. Ecker, M.D.[3]
Edward J. Glinski, M.D.
Edward E. Jacobs, M.D.
Ely A. Kirschner, M.D.
William G. Lavelle, M.D.
David M. Metzner, M.D. (LOA)
Thomas J. Mulvaney, M.D.
Joseph B. Nadol, M.D.
Angelo Pappanikou, M.D.
Stephen Parker, M.D.[4]
Stephen A. Smith, M.D.
Alfred D. Weiss, M.D.[4]

Subdivision of Plastic Surgery

Richard L. Fabian, M.D.
Plastic Service Chief, Assistant
Surgeon in Otolaryngology

Howard M. Ecker, M.D.
Assistant in Plastic Surgery

Subdivision of Otolaryngologic Pathology

Max L. Goodman, M.D., Director

Tumor Clinic

Charles W. Cummings, M.D.,
Director

Endoscopy Service

William W. Montgomery, M.D.,
Director

Esophageal Voice Classes

Ann Volk, Director

Audiology

Rhoda K. Morrison,
Chief Audiologist

Consulting Chief of Otolaryngology

LeRoy A. Schall, M.D.

Senior Consulting Surgeons in Otolaryngology

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Charles J. Drooker, M.D.
Carl H. Ernlund, M.D.
Maurice G. Evans, M.D.
John R. Frazee, M.D.
Robert L. Goodale, M.D.
Edgar M. Holmes, M.D.
Moses H. Lurie, M.D.
Daniel Miller, M.D.
John R. Richardson, M.D.
Aram Roopenian, M.D.
Sidney R. Wilker, M.D.
Bernard Zonderman, M.D.

HONORARY STAFF

Associate Surgeons in Otolaryngology
Charles Kent, M.D.
Herman J. Sternstein, M.D.

Assistant Surgeon in Otolaryngology
Elizabeth DeBlois, M.D.

Assistant in Otolaryngology
Frank W. Brady, M.D.

ASSOCIATE STAFF

Associate Surgeons in Otolaryngology
Werner D. Chasin, M.D.
Robert Wayne Clubb, M.D.[5]

[1] Deceased, December, 1975
[2] Resigned, December, 1975
[3] Plastic Surgery only
[4] Otoneurology only
[5] Medical Otolaryngology only

MEDICAL STAFF
Common to Both Services

DEPARTMENT OF ANESTHESIOLOGY

Chief of Anesthesiology
Porter H. Smith, M.D.

Anesthesiologist
Jin Woo Kim, M.D.

Associate Anesthesiologist
John V. Donlon, M.D.

Assistant Anesthesiologists
Audrey A. Lewis, M.D.
Eduardo Mancini, M.D.

Assistants in Anesthesiology
Harry R. Frohberg, M.D.
Thomas J. Keenan, M.D.
Ismail S. Sensel, M.D.
Dae Ik Sonn, M.D.

Assistants in Anesthesiology,
(Part-time)
Clifton W. Emerson, M.D.
Malcolm J. Heslop, M.D.
Peter R. Silverstein, M.D.

DEPARTMENT OF RADIOLOGY

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Radiologist
Alexander S. MacMillan, Jr., M.D.

Associate Radiologist
Kiyokazu J. Momose, M.D.

Assistant Radiologist
Jeanne Keller, M.D.

Consultants in Radiotherapy
Milford D. Schulz, M.D.
Herman D. Suit, M.D.
Chiu-Chen Wang, M.D.

INTERNAL MEDICINE

Richard A. Field, M.D., Consultant
Gerald J. Doyle, M.D.

MICROBIOLOGY

Microbiologist
Anita Mangiaracine, A.B.

CLINICAL LABORATORY

Supervisor
Janis Avallone LaRosee

Report of the Trustees

It is our pleasure to submit the 162d report of the Trustees. The calendar year 1975 covered by this report has seen many changes in the governing body of the hospital. Mr. Philip H. Theopold, a trustee since 1955, retired from the Board and was appointed honorary trustee. He resigned from all the Trustee Committees but retained his membership as a director of the Cambridge Street Community Development Corporation. The value of his services, particularly in connection with numerous real estate problems, is without measure. We are fortunate that he remains active in the most sensitive area with CSCDC.

His successor is Dr. F. Sargent Cheever. Dr. Cheever comes to the Board with broad experience in science and academic administration. He was trained under Dr. Hans Zinsser, a former trustee and distinguished microbiologist at the Harvard Medical School, and has carried on his interest through service on a number of NIH Army and Navy committees and as Professor of Microbiology at the University of Pittsburgh. He also served as trustee of the Sarah Scaife Foundation and was Dean of the School of Medicine and Vice Chancellor of the University of Pittsburgh.

The Governor of the Commonwealth reappointed Dr. Schmitt, Mrs. Claflin, and Mr. Lazarus to the Board and appointed Mrs. Ruth M. Batson to succeed Mr. S. Lang Makrauer. Mr. Makrauer's original appointment by Governor Sargent was welcomed by the hospital, and in his relatively short service, he made valuable contributions to both the MGH and the McLean. On his retirement from the Board he was appointed a Member of the Finance Committee of the hospital.

It is with a sense of deep sadness that we report the death of two valuable former trustees, Messrs. Francis W. Hatch and Edward L. Bigelow. Mr. Hatch had been a trustee from 1947 to 1962 and honorary trustee until his death. His special expertise in public relations was invaluable in establishing the pattern for fund raising at the hospital. Characteristic of his personality, his approach to this was understated,and he believed in the soft sell interspersed with humor. His techniques of verse, song, and cartoon distinguished the hospital's appeal for funds for many years.

Mr. Edward L. Bigelow was appointed a trustee by the Governor of the Commonwealth in 1965 and became an honorary trustee in 1974. He also served as president of the corporation from 1972 until his death. Like his predecessor, Mr. Francis C. Gray, he prepared and signed the annual appeal letters of the hospital which went to millions of recipients throughout the world and he saw the number of contributors to the hospital grow to an all-time record of 150,000.

Both these men died of cancer in the year that the hospital dedicated the Cox Cancer Management Center. The official dedication of the Cox Center took place on Sunday, May 11. After a dedicatory prayer by Bishop Sherrill, Mr. Lawrence and Dr. Sanders escorted Mrs. Cox, who cut the ribbon and led through the building hundreds of guests of Mrs. Cox including family, staff, and alumni of the hospital. There was a dinner meeting of the MGH House Pupils Association that evening, at which the Treadwell Award was given to Dr. John H. Knowles. Mrs. Cox entertained the alumni at a memorable luncheon in Cohasset on the following day, thus concluding the formal dedication exercises and the MGH House Pupils Association meetings.

The finances of the hospital proved to be a major concern during the year, and the occasion of the annual dinner of the corporation held in October served to highlight this. Mr. Lawrence E. Martin, Associate General Director, explained to the corporation members at a meeting in the Ether Dome preceding the dinner the financial difficulties of running the MGH during a time of spiraling inflation. He had high praise for the way in which the personnel of the hospital had rallied to the call of the trustees for economies in supply usage and support of a no-hire policy. Meanwhile, Dr. Sanders and Mr. Martin devoted their efforts to improving relations with the State House, the Governor, the legislature, and the Division of Human Services and Welfare in particular. The combined efforts of all paid handsome dividends. At the end of the fiscal year, Mr. Martin at the corporation meeting could point with pride to substantial reduction in the amount owing the hospital from the Commonwealth, a reduction in the deficit over earlier estimates, the successful floating of a bond issue to permit completion of construction under contract, reduction in borrowings on an over-extended line of credit with the banks, and a general healthier though somewhat precarious financial position. At the calendar year end, the Governor of the Commonwealth eliminated General Relief from the 1977 budget. This might create a hospital deficit in the magnitude of two and a half to three million dollars in the calendar year 1976 unless the Governor and the legislature recommend and appropriate additional funds to cover this. To better understand this budgeting process and to identify an actual unit cost of individual patient services in the budget, Mr.

Lazarus with a generous gift has initiated a special study with three trustees serving on the committee under the direction of Dr. Jerome Grossman and Mr. Joseph McCue.

The Cambridge Street Community Development Corporation with four MGH directors has proceeded further with the acquisition of the remaining parcels of land in the 4B lot bounded by North Anderson, Blossom, Cambridge, and Parkman Streets. Some relocation of the neighbors and demolition of older buildings has taken place, and the MGH has acquired one of the gasoline stations on the Cambridge Street front. The 4A property, which includes the Cambridge Street Garage and abutting properties, was scheduled to include low-cost housing. The plans have been temporarily shelved because of the lack of adequate Massachusetts Housing Authority financing, a reflection of the confusion in the tax-exempt bond market.

The MGH Board of Trustees established a Resources and Development Committee to help with the hospital's fund-raising efforts. The members assist in identifying and approaching prospective donors and in establishing and maintaining personal contact with individuals, corporations, and foundations who are presently donors. Currently there are 13 members of this committee, of which Mr. W. Nicholas Thorndike is the chairman. The other members include two representatives from the Board of Trustees, Mrs. R. Morton Claflin and Mr. Nelson J. Darling, Jr., plus eight members of the corporation.

The trustees wish to express their gratitude to Dr. Charles A. Sanders, General Director, and Mr. Lawrence E. Martin, Associate General Director, for their competent handling of this complex institution on a day-to-day basis as well as on the state and federal level. The national and international reputation of the hospital has been enriched by their activities on the hospital's behalf. At the same time, once again, we wish to express our thanks to the administration and professional staff for their individual and collective efforts in holding the line on hospital costs without sacrifice in the quality of patient care.

At McLean Hospital, inpatient admissions continued their upward climb and reached a new high of 1,133. Shortened inpatient stays have been a major factor enabling the hospital to serve larger numbers of people. Another factor has been the development of outpatient, partial care, and aftercare programs which collectively treated 2,100 individuals this year. In a year marked by varied and continuing financial pressures, McLean managed to provide over $650,000 of free care.

The Children's Center was full for most of this second year of its operation, confirming the need for a private facility of its type in the area. A majority come from families with serious problems; i.e., severe psychiatric disturbances, alcoholism, homes marked by prolonged absence of mothers, or homes in which siblings had been removed by a protection agency.

The Adolescent and Family Treatment Study Center formally opened on March 31. This is a small intensive-care unit for adolescents with severe character pathology with antisocial and acting-out behavior. Treatment involves intensive therapy for both the hospitalized adolescent and his family.

During the year, the hospital took steps to reach a new and very different patient population. A contract was signed between McLean Hospital and the Massachusetts Department of Corrections under which McLean will provide psychiatric evaluation and treatment of inmates at Bridgewater State Hospital.

Construction of the Mailman Psychobiological Research Center began this fall. Plans call for adding two floors to the hospital's existing Biological Research Laboratory. Trustee authorization to begin the first phase of construction followed McLean's raising a substantial portion of the funds required for this project. There is every expectation that the $3.5 million needed to complete the construction will be raised.

The trustees are most appreciative of the administrative ability exhibited by Dr. Francis de Marneffe in directing the McLean Hospital through a difficult year. His success in initiating new programs in a time of rising costs and increased demand for services without jeopardizing the financial viability of the institution has not gone unrecognized.

MRS. R. MORTON CLAFLIN
MAURICE LAZARUS
for the Trustees

Report of the General Director

It is an honor to submit the annual report for the year 1975, my fourth as General Director.

There are a number of important events occurring during the year which I would like to report to you. First of all, the Cox Center opened officially on May 11 with a gala celebration described in the Trustees' report. This building represents the culmination of many years of planning of a multidisciplinary program involving the combined efforts of Radiation Therapy, Medical Oncology, and Surgery. The first cobalt unit went into operation prior to the official opening; the first patient was treated on April 8, 1975. When fully completed, the building will house five super-voltage radiation therapy machines. In addition, each of the three disciplines involved in the therapy of the cancer patient will have a complementary research arm located in the upper floors of the building. It is hoped that this combination of research and treatment housed in the same building, melding the activities of various investigators and physicians, will result in that mixture of interests which will allow more significant and rapid advances in the field of cancer therapy than would take place were they separated as they have been in the past.

Secondly, the work in finishing the shell space in the North Tower for the relocation of the Bulfinch wards and the upgrading of Neurosurgery, Neurology, and Urology has continued uneventfully. A project planning group chaired by Mr. Stephen Kauffman, our new Director of Administrative Services, has been meeting regularly with all the interested parties to ensure as smooth a transfer as possible in the relocation of services, development of appropriate staffing patterns, and definition of those new budgets necessary to open up the new services. As might be expected, this responsibility for planning is tedious and time consuming. The financing of the North Tower has largely been through a bond issue from the Massachusetts Health and Education Facilities Authority. This is the first time the hospital has found it necessary to use such a long-term borrowing mechanism to finance current capital needs. It is of interest that the bonds merited an AA rating and were sold completely within a few days after being initially offered to the public. Although the hospital had considerable help from outside sources in preparing the prospectus, Mr. Lawrence E. Martin, the Associate General Director, deserves a major share of credit for providing the essential information about the hospital and for seeing that the prospectus developed in a manner which was not only informative but also attractive to the bond market.

Third, planning for the Ambulatory Care Center has continued throughout the year. This has been accomplished by a representative staff committee chaired by Dr. George Nardi, which has discussed the guidelines under which practice would be conducted within the center and developed the concept of governance for the center itself. With the development of a pluralistic approach to practice in the Ambulatory Care Center, specific issues such as the allocation of space to various subspecialties, supporting laboratory facilities, and relocation of ambulatory surgical facilities currently housed on Baker 11 have been addressed by a number of committees. Coincident with these intrainstitutional planning efforts, the Certificate of Need for the Ambulatory Care Center, filed on August 31, 1974, has continued to be heard by the Department of Public Health. It is noteworthy that throughout this process, the communities surrounding the MGH, including Beacon Hill, Charlestown, the North End, and Chelsea, have been strongly supportive of the application, resulting in endorsement of the application by the Greater Boston B Agency. In the process of considering our Certificate of Need, a number of questions have been posed by the Department of Public Health staff which have been answered promptly with strong supporting data. At the close of the year, it was anticipated that the Ambulatory Care Center application would be approved sometime in the first quarter of 1976. This entire effort has been carried out under the leadership of Dr. Jerome Grossman, our Director of Ambulatory Care Planning, and should the effort to reorganize the ambulatory care program here at the MGH become a reality, much of the credit must go to his energy, enthusiasm, foresight, and patience in developing the concept and seeing it through to its end. Should the necessary public approvals be obtained for construction of the Ambulatory Care Center, the decision to build it will depend upon the financial climate for borrowing at that time and the ability of the building to liquidate the debt through its own activities.

Finally, in terms of program development, the application to establish the Massachusetts General Hospital as a degree-granting institution was filed with the Board of Higher Education in June, 1975. In the fall, the Board of Higher Education appointed a Visiting Committee which will come to the MGH in latter February, 1976, to evaluate the programs seeking degree-granting authority. Their opinion as to whether any or all programs should be given degree-granting authority will be transmitted to the Board of Higher Education most likely within a month following their visit, but such opinion is advisory only. Thereafter, a public hearing will have to be held to hear any objections which might be posed to our petition as well as expressions of support. The earliest possible date for decision is early summer, 1976, and for this reason we have decided to take another nursing class into our diploma school beginning in September of 1976. If we do achieve degree-granting authority, then considerable start-up time will be required to organize the educational division; thus in all likelihood the Division would not open officially before mid-1977 or early 1978.

I am happy to report that the reorganization of the administration has been virtually completed. As may be recalled, it has been my intention to organize the administration along more programmatic lines, recognizing those efforts with the appointments of individuals trained in specific areas of management such as administrative services, medical support, general services, etc. With the appointment of Mr. Burgess P. Standley as Director of Planning, that organizational effort is nearly completed. To facilitate further the decentralization of the administration, the old Administrative Committee has been disbanded and reformed into two smaller committees: the Operations Committee, headed by Mr. DeLanson Y. Hopkins, who has assumed the title of Director of Operations; and the Budget Committee, chaired by Mr. Joseph P. McCue, Director of Fiscal Affairs. The Operations Committee is charged with the development and implementation of the most effective methods to coordinate operational services to patients and personnel. Essentially, the committee's focus is upon development of necessary mechanisms for identifying, reviewing, resolving, and monitoring in a timely fashion the operational services of the institution. By contrast, the Budget Committee is charged with the preparation, review, and presentation of the annual operating and depreciation budgets, while at the same time periodically reviewing the status of the hospital's fiscal operations and comparing performance to budget estimates.

A third committee, the Financial Planning Group, continues under the chairmanship of Mr. Lawrence E. Martin. This committee is charged with the responsibility of devising mechanisms to maintain the cash flow necessary for daily operational expenses and of considering capital requirements both for short- and long-range planning. Naturally, the activities of the Financial Planning Group must be closely interrelated with the Resource Allocations Board, also chaired by Mr. Martin, and the Planning Board, chaired by Mr. Standley. There is sufficient cross-representation among all administrative committees to ensure the degree of communication necessary to keep the committees informed of one another's activities. The whole purpose of this reorganization has been to streamline the administration without adding substantial numbers of personnel, thus creating a bureaucracy with an inertia of its own. Although only in its early stages, the new administrative structure is already proving to be sensitive and responsive to the needs of the institution in a manner which recognizes its large size and extreme complexity.

Once again in 1975 we have found it necessary to rewrite the By-Laws of the institution to reflect the new requirements placed upon hospitals by the JCAH. Thus the major changes in the new By-Laws relate primarily to the delineation of privileges which require periodic review of staff privileges by the chief of service. However, I doubt that even when implemented it will affect the manner in which we deliver care at the MGH because of the extraordinary clinical staff we have practicing in the institution. Currently, the final implementation of the By-Laws is scheduled for early spring, 1976, pending final approval by the Board of Trustees.

I am happy to report that the ad hoc committee for Gynecology, chaired by Dr. Richard Kitz, and the committee for Psychiatry, chaired by Dr. Alexander Leaf, have neared completion of deliberations in seeking successors for Drs. Ulfelder and Eisenberg respectively. The institution is greatly indebted to both Drs. Kitz and Leaf for the fine job they have done in carrying out a worldwide search for the individual most qualified to assume leadership in these two very important departments. The ad hoc committee for Pediatrics has been formed under the chairmanship of Dr. Henry Mankin to search for the successor to Dr. Nathan B. Talbot, whose tenure ends on June 30, 1976. A committee is also in the process of being formed to find a new Chief for the Neurosurgical Service to replace Dr. William H. Sweet, who will also be retiring in 1976.

I regret to announce the retirement of Mr. Henry J. Murphy, Associate Director of the hospital, who had devoted twenty-six years of his life to the MGH. A number of events were held in Mr. Murphy's honor in an effort to recognize his manyfold contributions to the institution over the past quarter century. Other retirements have included those of Mr. Edmund Mattos, Assistant Director, and Mr. Leon Katzer, Director of Dispatch. Sarah Lifvergren, R.N., who has served at the MGH for forty-three years, has also stepped down from her post of leadership in the Admitting Office. She guided the Admitting Office with a firm but steady hand and remained unflappable despite the onslaught of the occasional physician who was unhappy over being unable to get his patient into the hospital on a particular day. She will be greatly missed.

Before closing my report, I must comment upon the general financial situation of the hospital. As in years past, the major emphasis of those forces which affect the hospital externally has been cost containment. Although the state government has in the past year made up for most of the old debts owed for services rendered to state-insured Medicaid patients, the Medicaid program under its prospective reimbursement system continues to pay the hospital at a rate roughly $20 per day below the cost required to care for these patients. Therefore we are continuing to have to apply the principle of "Robin Hood Socialism" in subsidizing such patients by overcharging in areas such as the Phillips House to make up for the losses incurred in caring for the medically indigent. Furthermore, the hospital has been faced recently with the responsibility of caring for patients on General Relief, whose medical benefits were removed by the Department of Public Welfare on December 1. If utilization of services by General Relief patients continues at the same rate as in past years, the institution will be forced to provide 3.6 million dollars annually in free service to care for these patients. In addition, the annual Medicaid appropriation is well below the rate of expenditure. Thus it appears that within the next few months we will face the same situation as in the past; namely, that the program continues to franchise patients without appropriating the amount of money necessary to support the commitments.

Superimposed upon this gloomy outlook is an effort by the current state administration to pass extraordinarily restrictive legislation in the field of cost containment. This bill was introduced in the fall of 1975 and virtually gave the power to manage hospitals over to the Rate Setting Commission by empowering them to approve, modify, or delete specific budgets within hospitals. Several other provisions were only slightly less restrictive in their simplistic approach to managing hospital costs. Furthermore, the Commission itself would be empowered to tax the hospitals in order to support the operations of the Commission at a rate which would increase its current annual budget by at least fivefold. Thus another state bureaucracy would be created in an area where the state has a notably poor track record in the management of medical care and institutions themselves. After a relatively brief but difficult battle, the legislation was defeated. However, I fully expect it will be reintroduced in the 1976 session.

In closing, I would like to emphasize that we as a hospital share the common goal with other members of society in dedicating ourselves to containing costs of hospitalization and of health care in general. However, the problem is a complex one. There are many things we can do, such as ensuring appropriate utilization of services, utilizing our massive technology more intelligently, educating skilled paraprofessionals so that the physician can function as the captain of a health-care team to care for many more patients than the physician alone, promoting the development of prepayment plans where the patient shares in the cost of seeking medical care either through deductibles or coinsurance, and finally, doing everything possible to employ modern business methods in the running of hospitals themselves. There is, however, the gratuitous assumption that hospitals are grossly inefficient because of mismanagement; I would contend rather that hospitals are inefficient primarily because they cannot control the market they serve. Hospitals must remain open twenty-four hours a day, seven days a week providing a large mix of services expected of them by a constituency of patients with a host of diseases. While there are numerous approaches to cost containment, none is an end unto itself. However, our frustration as a society is leading us to support broad and often harsh governmentally sponsored measures, which are shortsighted, in hopes of conserving our resources. In the experience of other countries, such governmental control has resulted in deterioration of plants and loss of quality of care without effectively containing costs. It is my fervent hope that we as a hospital will not follow this oft-traveled historical path, but will be able to influence and evolve a partnership with government which will provide the best possible medical care at the lowest possible cost.

CHARLES A. SANDERS, M.D.
General Director

Report of the General Executive Committee

If 1974 was a unique year in MGH history, events of 1975 confirm that we are in fact in an era that is unlike any other the hospital has ever experienced. Some of the events of the past 12 months having profound effect on the hospital were a rate freeze by executive order, nine million dollars owed by the state for Medicaid patient care, a public bond issue to finance hospital construction, and the institution of rigid security measures to protect personnel within the MGH campus. Dean Ebert's annual report stated that "the internal life of every social institution is marked, for better or worse, by events which take place externally," and the MGH felt the impact of such external forces as never before. It is apparent to the General Executive Committee (GEC) that whereas the hospital once had a simple, direct purpose of providing leadership in medicine, now, in order to maintain its professional eminence, it must consult with and gain the approval of outside groups whose acquiescence affects the physical, fiscal, and professional itegrity of the hospital. Many things have changed.

Fiscal problems have been a major concern throughout the year and promise to continue to be. Although the census reached — and remained at — an all-time high, spiraling costs of operation, including severe increases in utility expense, create a grim financial situation. Immediate steps were taken to relieve the strain: the unique employee tuition aid plan was temporarily suspended; the help of the entire hospital family was solicited in a conservation program; and strict monitoring of expenditure was instituted. Fortunately, these management policies, together with selected rate increases, reduced the hospital's $2.1 million cumulative deficit at the end of March to slightly over $300,000 by the end of the fiscal year on September 30.

In times of such financial stress, the long-overdue move of the medical wards from the historic Bulfinch to new and as yet unfinished floors in the Gray Building could not be financed by the MGH's traditional means: solicitation, endowment income, and borrowing. Therefore, a 30 million dollar bond issue was planned under the HEFA program and successfully marketed. The need to resort to this method of financing a hospital activity was another first for the MGH; it was only a few years ago that, for the first time, the hospital found it necessary to *borrow* money (for the construction of the parking garages).

Despite the time which fiscal affairs demanded of the GEC, a number of other matters of long-range importance occupied an even larger part of its attention. At a retreat held on March 8, 1975 at the American Academy of Arts and Sciences, several important issues were thoroughly discussed — in particular, admissions practices and bed allocation. Following this, Dr. Sanders appointed a committee to study the multiple problems associated with bed utilization and to report back to the GEC with recommendations. The remaining portion of the day was devoted to lively discussion of the progress in developing an MGH educational division.

The GEC noted with satisfaction the increase in numbers of group practices within the hospital. The Internal Medicine Associates, a prototype group practice, began to develop primary care and subspecialty groups within its structure. At the same time, the rather newly established pediatric medicine group evolved into a general unit and four subspecialties. Psychiatry consolidated its original group and branched out with seven other group practices. All of these steps will have an obvious effect upon the planned Ambulatory Care Center (ACC).

Long perceived as a critical need for the hospital, the new ACC has made important progress this year. The GEC and Staff Associates collaborated in formulating a plan for its governance. The GEC was heartened by the fact that progress was made toward securing a Certificate of Need for the ACC.

Since groups have increased and will probably proliferate, the Trustees carefully formulated "Guidelines for Group Practice," a document which was thoroughly discussed by the GEC before implementation. The importance of these guidelines extends beyond their regulatory effect and is another clue to the changing pattern of health-care delivery and the MGH's acceptance of such change.

Accommodation to outside forces, however, is not always in either the public's or the hospital's interest. When it is not, confrontation occurs. The GEC has, after long deliberation, solidly supported the General Director and his administration in opposing untenable and ill-conceived regulation and restriction by both state agencies and legislative bodies. During the past year, hospitals were operating under interim legislation (Chapter 424 of the state laws), which gave the Rate Setting Commission responsibility for reviewing hospital rates and which also called for the development of permanent cost-control legislation by the Secretary of Human Services. The state is committed to controlling hospital charges, as is the MGH, but the "Benson Bill" was introduced without reasonable consultation with hospital representatives and, under the guise of cost control, would have merely compounded already serious problems. Needless to say, great effort was expended in the successful opposition to the bill, and much thought is now being given to formulating a useful cost-control plan for submission to the legislature. The MGH administration is working with the Massachusetts Hospital Association to accomplish this. The reality of more outside regulation is recognized. It is of critical importance, therefore, that these controls not destroy the enterprise and responsible self-governance of institutions which, like the MGH, have contributed so much to advances in medicine.

Several important internal matters, as well as external forces, concerned the GEC during the past year. The Chairman of the Critical Care Committee, Dr. Roman DeSanctis (who has been succeeded by Dr. Henning Pontoppidan), reported to the GEC, as did the chairmen of the two subcommittees of that body, the Cardiopulmonary Resuscitation Committee and the Optimum Care Committee. The work of these groups has been painstaking and thoughtful; their recommendations, dealing with relatively uncharted regions of medical care, have been most valuable. The GEC asked the committees to continue their good work and accepted the guidelines of the Optimum Care Committee as being worthwhile, reasonable, and helpful in the management of very seriously ill patients. Solutions are not simple, but the GEC felt that the major benefit to be derived from the guidelines is dialogue among the many who are involved in the management of difficult situations.

Finally, many hours of GEC time were spent in rewriting the hospital By-laws. The GEC and Staff Associates were finally able, in December, 1975, to recommend their passage to the Trustees. Delineation of privileges is reflected in the new By-laws. The GEC recognizes the validity of such regulations imposed by the Joint Commission of Accreditation of Hospitals and, going beyond the "external" demands, in January, 1975, agreed that there is a need for our own standards of performance.

It would be unrealistic to expect that the next and succeeding years will be any less frenetic than 1975. The massive socio-economic changes taking place will continue for many years, and it is imperative that we plan ahead as carefully as possible to avoid constantly operating on a crisis basis. The GEC views its future as being committed more to long-range planning, based on awareness of external events and forces, than to a parochial role as an isolated hospital executive committee.

WALTER GURALNICK, D.M.D.
Chairman

Report of the Committee on Research

A gratifyingly active year for research activities at the MGH has just passed. With total expenditures for research from all sources remaining at about 20 million dollars per year (including indirect costs), we are holding our own in terms of financial support. The need for solutions to many difficult problems in medicine and biology persists, and new knowledge can be expected only from research. Thus, in spite of the tremendous pressures from major challenges in the clinical sectors of the hospital, the importance of research to the maintenance and improvement of the quality of our patient care and to the intellectual climate of the institution must be constantly reaffirmed. In establishing a new tenured professorship for a senior investigator to succeed Dr. Herman Kalckar, the Trustees have made such a reaffirmation, and the search for just the right incumbent by an appropriate joint ad hoc committee is proceeding under the Chairmanship of Dr. Edgar Haber.

Another transition of great importance to the research activities of the hospital will be the retirement of Dr. Ralph G. Meader, Deputy to the General Director for Research Administration and Executive Secretary of the Committee on Research. Dr. Meader has now served the hospital for a decade in an unusually selfless, devoted, and effective way, and it will be difficult to fill his shoes. Nevertheless, a committee appointed by the Trustees is proceeding with the assignment of assessing the functions and future of the Research Office and of finding a successor for Dr. Meader. This committee is chaired by Dr. Paul S. Russell.

The subcommittees of the Committee on Research have functioned effectively in the past year. The Subcommittee on Review of Research Proposals (Chairman, Dr. Ross J. Baldessarini) reviewed some 170 proposals last year. The committee has carried its often difficult assignment in a positive and supportive fashion and has continued to merit the respect of the research community as a whole. It is interesting to note that the rate of approval with funding of proposals made to the National Institutes of Health from the MGH now stands at 57 percent, which is some 10 percent higher than the national average. This welcome fact is due, at least in some measure, to the work of the subcommittee and the Research Office.

The Subcommittee of Research Planning and Policy (Chairman, Dr. Seymour S. Kety) has addressed a number of major issues during the past year. Important among them has been the review of the research activities and opportunities in the several services for whom new chiefs will be selected in the near future. These have included the Children's Service, Psychiatry, Gynecology, Neurology, and Neurosurgery. The subcommittee has also been considering proposals from various staff members having to do with improving the quality of research training in the hospital and the administrative coherence of our sizable research community. As yet, no final conclusions on these matters have been reached.

The Subcommittee on Human Studies (Chairman, Dr. J. Gordon Scannell) continues in an increasingly demanding atmosphere to act as the "conscience" of the hospital in all matters where investigations using human subjects are contemplated. They must guard not only the rights of present patients but also the interests of future beneficiaries of medical progress.

The Subcommittee on Research Safety (Chairman, Dr. Bucknam McPeek) must be aware of risks even before they become obvious. In the changing environment of a biological research laboratory and in an institution where a high level of activity seems to result in an endemic situation of crowding, this is often difficult. The new safety manual for the hospital which the committee is preparing will be helpful, but constant vigilance will always be necessary.

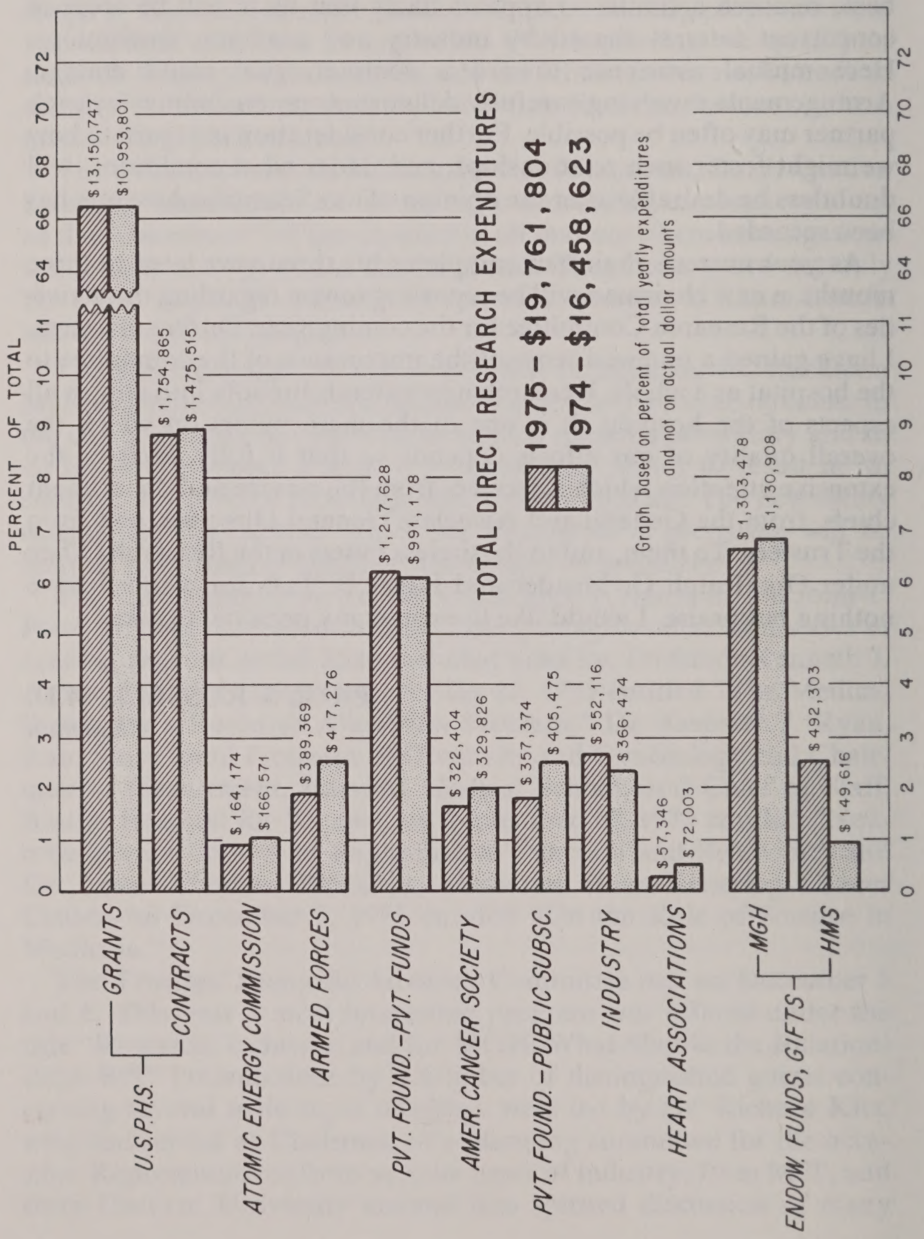
The Subcommittee on Research Colloquia (Chairman, Dr. John T. Potts, Jr.) has succeeded in maintaining a highly successful series of evening sessions which have included talks by: Professor Kenneth J. Arrow, Harvard University, on May 22, 1975 entitled "The Medical System as a Resource Allocation Problem;" Dr. Kenneth J. Ryan, Kate Macy Ladd Professor of Obstetrics and Gynecology and Chairman of Department, Harvard Medical School, and Chief of Staff, Boston Hospital for Women, on September 30, 1975 entitled "Neuroendocrine Control of Reproductive Function and Behavior;" and Dr. Lewis Thomas, President, Memorial Sloan-Kettering Cancer Center, on December 5, 1975 entitled "On the Role of Science in Medicine."

The Trustees' Scientific Advisory Committee met on December 5 and 6. This year a most interesting program was offered under the title "Research, Industry, and the MGH: What Should the Relationships Be?" Presentations by a number of distinguished guests concerning several main topic headings were led by Dr. Richard Kitz, who had served as Chairman of a planning committee for the occasion. Representatives from various types of industry, from MIT, and from Harvard University entered into spirited discussion of many aspects of the subject, and the report of the Advisory Committee is awaited with anticipation. Although it seems clear that industry should not be looked to as a major new source of financial support for basic research activities, it appears likely that there will be areas of concurrent interest shared by industry and academic institutions. Here mutual assistance toward a common goal could emerge. Arrangements involving carefully delineated responsibilities by each partner may often be possible. Further consideration in regard to how we might foster such relationships, and under what conditions, will doubtless be desirable after the opinion of our Scientific Advisors has been recorded.

As your current chairman completes his three-year term in three months, a new chairman will be reporting to you regarding the activities of the Research Committee for the coming year. During this term, I have gained a renewed sense of the importance of the committee to the hospital as a whole. Research now extends broadly into almost all aspects of the hospital. It is one of the main pillars on which the overall quality of our efforts depends so that it fully deserves the extensive attention which it receives from the service and department chiefs, from the General and Associate General Directors, and from the Trustees. To them, and to the tireless toilers in the Research Office under Drs. Ralph G. Meader and Edgar B. Taft, for whom I have nothing but praise, I would like to express my personal thanks.

PAUL S. RUSSELL, M.D.
Chairman

DIRECT RESEARCH EXPENDITURES
FOR 1975



Report of the Children's Service (Burnham Division for Children)

Several advances in the patient care, teaching, and training practices of our service have been made in the past year. One of these has been in relation to the Ambulatory Care Division, which we have long wanted to improve to the point where it is strongly competitive with our inpatient floors as a place to render exemplary care to child patients who are living at home and to teach the essentials of comprehensive ambulatory pediatrics. Progress has been made thanks to the combined efforts of Dr. Ronald Benz, Chief of the Ambulatory Division of the Children's Service, and of Dr. Jerome Grossman, Director of Ambulatory Planning for the MGH. After extensive planning, the erstwhile Children's Clinic on OPD-3 has already undergone much of the remodeling and renovation needed to render it suitable for offering one class, first-class private-type care to ambulatory patients. This is now being accomplished by a newly organized pediatric group practice which centers around Dr. Benz and his two senior associates, Drs. Carla Cohen and Dorothy Kelly, who function chiefly as primary generalist practitioners, teachers, and resident staff supervisors. Working in close association with them are a series of subspecialists having expertise in the pediatric aspects of dermatology, endocrinology, gastroenterology, hematology and oncology, immunology and allergy, learning disabilities, metabolism, nephrology, ophthalmology, and pulmonary disease. Other necessary subspecialty services continue to be available via the old clinic system — and it is hoped and anticipated that most of these will elect to join the new group practice system in due course. Available to all these groups is a four-bed unit which has been built into the Pediatric Ambulatory Care Center with a view to reducing the need to hospitalize patients for standard diagnostic and therapeutic measures which require bedding down for a few hours only. This unit is already proving to be of substantial value as regards both convenience and cutting costs of medical care.

House officers are woven into this system by participating as junior partners in the various group practices. In doing so, they are receiving a great deal more personal instruction from senior staff than they have ever had before in relation to ambulatory patients. All signals indicate that this is considered to be advantageous to all concerned. Even though this has increased greatly the amount of time spent in teaching by senior staff, these group practices are doing well financially. This is explained in part by the fact that the inflow of patients has been increasing almost exponentially since these innovations were initiated. Some of this increase in patient population is taking place in a newly established Walk-in Unit, which together with the newly remodeled Pediatric Unit in the MGH Emergency Ward, is now being supervised either directly or (at night and weekends on an on-call basis) by senior staff pediatricians 24 hours a day.

A second major innovation has been accomplished under the leadership of Dr. Allan Walker in his role as Acting Chief of the Burnham 4-5 Inpatient Service. Our aim here has been to center responsibility for patient care and house officer teaching and training in senior staff members who function on a team or rotating basis primarily as generalist visiting physicians. At the same time, to insure that full advantage can be taken of the knowledge represented in the various pediatric specialty units of the MGH, representatives from all these are scheduled to make consultant-teaching rounds on a regular, for the most part, weekly basis supplemented as indicated by the occurrence of special need. The result is that house officers and students automatically come in contact with a broad cross-section of the Children's Service senior staff irrespective of the particular period that they happen to be assigned to these floors. Moreover, patients are benefiting from having members of our senior staff carry as a main responsibility the task of making sure that patients' problems are considered "in the round" and that plans designed to cover their various specific problems are balanced and coordinated with a view to the overall health needs of the patient as a person.

From Dr. Andrew Guthrie we learn that the MGH's Bunker Hill and Chelsea Health Centers are collaborating increasingly closely with the school systems of Charlestown and Chelsea in screening children for medical, psychological, and social problems. This work is being funded by the Chapter 766 Program which is designed to identify problems in children early enough to be in a position, through early intervention, to prevent or remedy educational and other problems which would interfere with the flowering of the child as a person. This coverage is substantial. For example, 70 percent of the incoming kindergarten pupils of Chelsea were seen this past year. Moreover, this screening disclosed significant problems in 15 percent of those examined. In many instances, this procedure served to stimulate parents and children to take advantage of community health-care resources which, though readily available, were not being used. Dr. Guthrie also has increased the capacity of the MGH Community Health Centers to aid adolescents in trouble. Moreover, for the first time, a pediatric medical telephone advisory service has been made available on a continuous 24-hour-a-day basis to patients registered in the MGH Chelsea Health Center.

Dr. Thomas Peebles reports that the courses offered to pediatricians by members of our staff under the auspices of the Harvard Medical School Department of Continuing Education under his direction have continued to flourish. This past year, he inaugurated the concept of making available pediatric subspecialty courses coordinated with our general course work in pediatrics. The net result was that 259 physicians participated in the total of 394 courses. This resulted in a 30 percent increase in course attendance over the preceding year. For the first time also, he initiated a series of self-assessment quizzes designed to enable the participants to see where they ranked amongst their peers in respect to various aspects of pediatric medical knowledge after taking the course. The proportion obtaining thoroughly satisfactory "grades" was gratifyingly high.

Lack of space precludes mentioning in this report more than a few of the many gains made by various members of the staff in this past year. Many of these have been in the realm of research and training, which topics are summarized in the MGH Annual Research Booklet. Particularly noteworthy is a very substantial award in support of a burns prevention demonstration program by the Consumer Product Safety Commission to the MGH. Dr. Crawford, in his role as Chief Pediatrician at the Shriners Burns Institute, has been named principal investigator of the program and will work as a member of a consortium made up of the National Fire Prevention Association, the Educational Developmental Center, and the Shriners Burns Institute. The aim is to prevent burn injuries through educating people generally about how to avoid tragedies resulting from ignorance, carelessness, and the like.

NATHAN B. TALBOT, M.D.
Chief of the Children's Service

Report of the Dermatology Service

The Dermatology Service at the Massachusetts General Hospital has for over 70 years functioned in clinical facilities on the third floor of the outpatient building. In 1961, two years after the present Chief of Service (Dr. Fitzpatrick) came to MGH, the Dermatology Associates was established in three small rooms at one end of the present Dermatology Clinic, a first move of this kind for a Chief of Service at this hospital. The Dermatology Associates has a combined annual patient load of 18,000 patients. The Dermatology Service established in 1961 a single standard of care; for the past 14 years, the senior staff, including the Chief of Service, have seen all ambulatory patients in the present outpatient building. These patients have been using a common facility and have been available for teaching for both medical students and residents in dermatology and in internal medicine. During this period, the space has had no physical alterations except for minor reconstruction in 1964. The reorganization and refurbishment of the Dermatology Outpatient Clinic is long overdue. Some functional changes and new personnel will be required. This facility will also provide space for photochemotherapy for the management of psoriasis, eczema, and possibly other diseases. Photochemotherapy, a new method of therapy developed in 1974 at the MGH, is now being tested at 16 centers in this country and 20 centers in Europe. It appears to be one of the most effective treatment modalities yet developed in dermatology. Photochemotherapy consists of the use of a drug followed by exposure to high-intensity, longwave ultraviolet light system, which results in the inhibition of cell replication in the skin and therefore has application to the treatment of psoriasis and eczema.

All private dermatology patients are combined in a single service on White 8 with an average census of 12 patients. This Dermatology Care Unit allows for centralization of the special technology and facilities required for topical treatment. A nurse clinician, Ms. Carol Norris, has been working in the unit for several years, and this assures high calibre of care. The dermatology inpatient service, in addition to providing one of the best facilities in New England for the inpatient care of dermatology patients, is a necessary requirement for adequate teaching of the house staff and the medical students. It also provides a facility for clinical research for the development of new therapeutic programs and was the site of development of photochemotherapy early in 1974. In the spring of 1976, the present facilities on White 8 will be removed to Gray 6 for a period of one year while White 8 is renovated. The Dermatology Service is looking forward to the modernization of White 8, which will consist of two-room units with private bathrooms, air-conditioning, better lighting, and quieter surroundings. Most important, the Dermatology Staff will be adjacent to the Medical Service, which will make possible interdisciplinary teaching and patient care between the Medical and Dermatology Services.

The Dermatology Service conducts two clinics devoted to the diagnosis and treatment of cancers of the skin. A large number of patients with basal cell carcinoma and squamous cell carcinoma are seen in the Tumor Clinic and in the Pigmented Lesion Clinic including an average of 2-3 primary melanomas per week. The Pigmented Lesion Clinic was established in 1965 by a pathologist, Dr. Wallace Clark; two dermatologists, Dr. Thomas Fitzpatrick and Dr. Martin Mihm; and a surgeon, Dr. John Raker. This Pigmented Lesion Clinic has pioneered the development of a new classification of primary malignant melanoma now widely accepted throughout the world. The Pigmented Lesion Clinic functions in close collaboration with the Melanoma Registry, located in facilities in Charles River Park, and with a coordinating center for a National Melanoma Clinical Cooperative Group comprising centers in Boston, Philadelphia, New York, and San Francisco. The Melanoma Clinical Cooperative Group, with a present population of 750 patients, is engaged in a prospective study of the clinical and microscopic diagnosis and classification of primary malignant melanoma and will shortly embark on a treatment protocol for primary melanomas utilizing transfer factor.

Approximately three years ago, the Dermatology Service assumed the leadership of Genito-Infectious Diseases Clinic, the so-called "G.I.D." clinic. This clinic is concerned with sexually transmitted diseases; approximately 9,000 patients are seen each year.

Dermatology is comparable in many ways to radiology and pathology in that it is a visually oriented specialty where puzzling diagnostic problems are solved by clinical diagnosis and histologic diagnosis of biopsies of skin. Therefore, the Dermatology Service is in demand to aid in the solution of diagnostic problems in the various services in the hospital. This is done through the Chief Medical Resident, who sees all consults in conjunction with a Senior Visit, and by several private dermatologists who see the consultations of private physicians.

The teaching load of the Dermatology Service is heavy. The Dermatology Service conducts an elective course which is fully booked, teaching an average of 10-12 students every day, every month, except for January. The teaching usually takes place in the Outpatient Clinic by means of lectures, but more often by the clinical clerk approach. In addition to classes of medical students and dermatology residents, there has been a welcome return of the internal medicine residents over the past two or three years. This is partly due to the newly recognized importance of dermatology in primary care; an average of 15-20 percent of patients seen by primary care physicians have a dermatologic problem.

In a hospital with as large a staff as the MGH, limited to a finite amount of space in a few blocks in a center of a large urban community, it is understandable that space is at a premium. Our particular space problems are demanding at this time, especially with respect to research space.

A dermatopathology unit on Warren 5 is ably led by Dr. Martin C. Mihm, board-certified pathologist and board-certified dermatologist, who is responsible for the diagnosis of approximately 7,000 biopsies of skin a year and for teaching dermatopathology to dermatology and to pathology residents. The Dermatology Service has another 1,500 square feet of space in the Research Building, also fully occupied.

The research activities of the Dermatology Service include programs in basic and clinical aspects of photobiology (Drs. J.A. Parrish and T.B. Fitzpatrick), pigment cell biology and pigmentary disorders (Drs. M.C. Mihm, A.J. Soher, and T.B. Fitzpatrick), biosynthesis of keratin and genetic disorders of keratin (Dr. H.P. Baden), and basic studies on the permeability of the skin as a membrane (Drs. I.H. Blank and R. Scheuplein). Some practical accomplishments of the research group of the Dermatology Service in the past year include (1) the development of new and highly effective topical sun-protective agents, (2) the introduction after seven years of research of an oral medication, betacarotene, for the treatment of certain types of photosensitive disorders, and (3) the development of photochemotherapy for the treatment of psoriasis, eczema, and certain lymphomas of the skin. The research activities booklet contains numerous papers concerned with basic research aspects of skin in the areas mentioned above.

The Dermatology Staff, in addition to teaching medical students, dermatology residents, and internal medical residents, participates in the Tumor Clinic Conference, conducts a diagnosis and teaching sessions in the Pediatrics Department once weekly, and teaches dermatology to the Nursing Staff.

THOMAS B. FITZPATRICK, M.D.
Chief of Service

Report of the Medical Services

It is a paradox of our current times, with social and economic turbulence surrounding us and with many changes in the relationship of medicine to society and particularly to government, that there has occurred no single cataclysmic event to portend the shape of the future. As a sculptor's chisel removes each chip from the block of marble gradually, the form and features of his creation are revealed. Thus is our future being shaped, but who holds the chisel and what ultimate creation is in mind remain obscure and shrouded in pluralisms. Nevertheless, activities on the Medical Services have progressed through another very busy and productive year of patient care, teaching, and research.

Dr. Arnold Weinberg, who had spent the past several years as Chief of Medicine at the Cambridge Hospital, returned to us to assume the duties of Vice-Chairman of the Medical Services. His major activities relate to the House Staff training programs and the many teaching activities of the Medical Services for medical students. Already his personal attention to our far-flung teaching activities and his availability to counsel students and House Staff have had their positive effects.

Perhaps the area of medical education which has received the most attention has been that of postgraduate speciality training. Most medical economists, sociologists, and educators concur in the judgment that too many medical subspecialists are trained in the large tertiary-care institutions which comprise our teaching centers at the expense of physicians prepared for general medical practice. The large hospitals are accused of gauging their training programs according to their own needed inpatient-care services rather than training generalists and primary-care physicians to meet national needs. The response of the Medical Services has been to offer a separate track of postgraduate training in a Primary Care Residency. Half time for these trainees during their two years on our House Staff is devoted to the traditional inpatient training and the other to ambulatory medical training to our Primary Care Unit within the Medical Clinics. Our first class is now in the third and terminal year of their training, and everyone seems in agreement that the program has been a major success. The full quota of trainees in this program is now ten, of whom four are in each of the first two years of training and two are senior residents in the final year. The real success of the ambulatory half of the training program is due as much to the generous collaboration of Orthopaedics, Psychiatry, Gynecology, Dermatology and Eye & Ear Services as to the devotion of members of the Internal Medicine Associates. We thank them heartily for their assistance. It is anticipated that graduates of this program will be prepared to take the general part of the American Board of Internal Medicine but not plan to go on to subspeciality training or certification.

A thorough and extensive search for a new Chief of the Medical Oncology Unit has terminated most happily in the selection of Dr. Thomas P. Stossel for this post. With the dedication of the new Cox Center for Ambulatory Cancer Management in May, 1975 a beautiful and functioning setting has become available to house our Medical Oncology Unit. Dr. Stossel, who completed his residency training here in 1969, is currently an Associate Professor of Pediatrics at the Children's Hospital Medical Center and is already recognized internationally for his research on the functions of white blood cells, will be establishing his investigations in the new Cox Center and gradually assume his full duties. Meanwhile Dr. Rita M. Kelley will continue her devoted services as Acting Chief of the clinical activities of the Oncology Unit. The prospects for the development of a strong unit within the Medical Services in this increasingly important field of medicine are now excellent, and the expectation is secure that, while continued excellence in patient care is assured, research into causes and improved treatment of these dread and prevalent maladies will be strengthened at the MGH.

As has been the case in the past few years, the evolution of our teaching services into an era when an increasing proportion of patients coming to the MGH are "private patients" qualifying for semiprivate hospital accommodations and personalized attention from a staff physician continues as a major concern. The success of our training programs has evolved from a carefully sustained and delicate balance between the established and foremost priority of care for our patients allied with the important educational need to engage students and especially House Staff in a responsible involvement in the care of patients. Experiments this year in providing more involvement of our Visiting Physicians on the Bulfinch in the care of their patients have continued. Happily all parties have benefited from better communications, closer supervision of patients, and increased teaching. This has required a larger effort and time commitment of a devoted Staff, but the potential for generating a modest income from these Staff activities offers the possibility of being able to compensate Staff for their time and effort devoted to teaching. As other outside sources of support for educational activities dwindle, we need to develop independent means for greater self-reliance in supporting these most important responsibilities. Dependence on government training and research grants has become too uncertain a basis to support our many teaching responsibilities. It is, therefore, a hope and a blessing that application of our professional skills during our teaching roles may contribute significantly to the support of our educational missions.

The guidelines promulgated by the hospital Trustees for formation of hospital-based group practices have contributed to accelerate this trend on the Medical Services. Starting with the Internal Medicine Associates based in our Ambulatory Clinics, the past year has seen several new associates' groups develop. These include Medical Oncology Associates, Allergy Associates, and Endocrine Associates. These have all been voluntary associations in which subspecialists have combined their teaching clinic and private patients to provide more efficient medical practices while at the same time incorporating teaching and study activities in the care of their ambulatory office practices. These associations have as their apparent advantages at present to the Medical Services, mutual coverage, closer peer interaction, improved teaching, and increased participation in hospital fringe-benefit programs. They have the potential of making the traditional subspeciality clinics self-supporting — a not insignificant feature in these times.

Vigorous and healthy debate continues in our search for self-identity between our two roles as a tertiary-care facility with increasing intensive-care capabilities on the one hand and as a primary health-care provider for a very large urban community. So far the blend has seemed optimal but the increasing costs and diminishing cost-benefit returns from our intensive-care activities at a time of fiscal belt-tightening efforts by government and third-party payers are bringing our intensive-care activities under increasing scrutiny.

With all these stresses we remain flexible and face the new year healthy, vigorous, and confident that we can meet the many challenges ahead with the knowledge that we have much to contribute to the needs of individuals and of society.

ALEXANDER LEAF, M.D.
Chief of the Medical Services

Report of the Neurosurgical Service

The work of the Neurosurgical Service will be dealt with under four headings: 1) clinical, 2) teaching, 3) research, and 4) general medical and public service.

1) *Clinically* we have sought during the past few years to improve the quality of our patient care by a progressively increasing use of the tactic of special assignment of specific groups of patients to those one or two members of the staff who have developed particular expertise in the operative technique and management required. Thus, Dr. Paul Chapman, having spent two 6-month periods at outstanding pediatric neurosurgical services elsewhere, is our current specialist in this area. Drs. Hannibal Hamlin, Raymond Kjellberg, and Charles Poletti are our experts in transsphenoidal and transoral approaches to the base of the intracranial cavity. The latter two surgeons are also handling all the patients appropriate for proton irradiation, principally those with intrasellar tumors, deep cerebral tumors, and large inoperable arteriovenous malformations. This is the safest method currently available for creating a localized area of destruction in the intracranial cavity and is of particular value when the clinical problem does not demand that the surgical lesion evolve promptly. Dr. Nicholas Zervas, having developed the safest operation for immediate destruction of the pituitary gland by transsphenoidally produced radio-frequency heating, is the man called on for such hypophysectomy — e.g., in the treatment of metastatic cancer of the breast. Drs. Robert Ojemann and Robert Crowell are our principal surgeons for dealing with the broad range of cerebrovascular disease either by intracranial attack or by reconstructive surgery on the occluded large arteries in the neck. Dr. Ojemann's successful experience in the operation for total removal of an acoustic neuroma has led to our referral of most of these cases to him. Most of the suprasellar tumors called craniopharyngiomas have been operated on by Dr. William Sweet, with demonstration by him of the usual feasibility of total removal. Dr. Paul Kornblith's research on gliomas has made him the logical man to supervise our chemotherapy in this field. Drs. Edward Tarlov and Edward Baker are carrying out our special studies on acute head and cord injuries, seeking to narrow down the methods of management here so that we can assess more critically the merits of what we are doing. Dr. Thomas Ballantine's pioneer work on cingulatomy has established him as the performer of our psychiatric surgery. Dr. Vernon Mark and Dr. Sweet have been doing the few operations for epilepsy, either by extirpation or stimulation of brain. Finally, the

management of intractable pain is largely in the hands of Drs. Sweet and Poletti for surgical treatment and of Dr. Nathaniel Hollister in his special unit at the Massachusetts Rehabilitation Hospital for a broadly diversified medical and psychological program.

2) *Teaching* of medical students, never a major part of our effort, has been decreased by curriculum revisions below what should be an irreducible minimum. We have sought to compensate for this by providing four- to six-week clinical electives (and longer research electives) for 3rd and 4th year students and by intensive efforts with our resident staff. Thanks to the initiative of Dr. Crowell, abetted by Dr. Kornblith, we recently offered a postgraduate course for practicing neurosurgeons. This was so enthusiastically received by the 145 registrants that the morale of the whole Service prospered, and we are already planning for such offerings yearly.

In addition to teaching via the journal and book publications authored here, we have extended our tutorial efforts by editing two major on-going series of annual volumes. For the series entitled *Clinical Neurosurgery,* Dr. Ojemann had editorial responsibilities over a recent six-year period. The series called *Progress in Neurological Surgery* began in 1966 under the still-continuing editorship of Dr. Sweet and two European senior neurosurgeons, and from the beginning a member of this Service has served as one of two assistant editors. Dr. Poletti has had this role for the past five years.

3) *Research* has long been an integral part of our Service activities, with laboratories in the hands of fulltime investigators as the key component of this effort. Dr. Adelbert Ames has set an example of totally original fundamental investigations by an *in vitro* preparation of brain in the form of optic nerve and retina. These have enabled him to suggest important new directions for animal and clinical studies of cerebral vascular disease for other members of our Service as well as for workers elsewhere. Other neurophysiological investigators, brought in originally by Dr. Ames and now working independently as well, are Drs. Daniel Pollen, Joe Parks, and Richard Masland. They have the teaching opportunities with medical students we need also to have for our clinicians. Dr. Jonathan Shay is analyzing Dr. Ames' postulates re cerebroischemic death in his fulltime studies on the intact animal, as are Drs. Crowell and Richard Morawetz in conjunction with clinical studies. In a completely separate aspect of neurophysiologic research, Drs. Poletti and Teodoro Dagi are studying both the anatomy of the limbic (or emotional) brain and the mechanisms of pain.

The Service has long had a broadly comprehensive program of research in brain tumors, supported mainly by a substantial program project grant which is in its 13th year. This is now under the able direction of Dr. Kornblith, whose own glioma research has close collaborative ties with the work of Dr. F. Curtis Dohan, our fulltime immunologist and immunochemist, and of Dr. Linda Merk, histologic oncologist. Essential components of this work are: a) the chemical and physiologic studies undergirded by the technical staff of Mrs. Janette Messer, who has directed this activity for 26 years, and b) the electron microscopy unit with two unusually high resolution Siemens Elmiskops maintained and used at an effective pitch by Mr. Edward Liszczak. For over a quarter century much of the tumor research has been in close collaboration with Dr. Gordon Brownell and his Applied Physics Division. This continues in our attempt to bring to clinical fruition for the treatment of gliomas the concept of using the heavy particulate radiation which ensues when an atom of ^{10}Boron captures a slow neutron. Dr. Glyn Wellum, a boron chemist, devotes full time to the chemistry required in this work, while the essential physicists are in Dr. Brownell's group.

In his research Dr. Herbert Cares is seeking to bring to clinical use the guiding of a magnetic-tipped intra-arterial catheter into the proper cerebral arterial branch to treat without open operation blood vessel abnormality or tumors. This involves close collaboration with the National Magnet Laboratory for the development of the superconducting magnet.

Drs. Mark and Sweet are working with the peptide chemists Drs. John Potts and Michael Rosenblatt in studies utilizing the newly discovered pentapeptide, enkephalin, which appears to play a key role in the brain's effort to control pain.

4) In *general medical and public service* Dr. Ballantine's stature is clearly indicated by his recent presidency of the Massachusetts Medical Society, his presidency of the Commonwealth Institute of Medicine, and his candidacy for the presidency of the American Medical Association. Also devoting significant time in this area is Dr. Kjellberg, who serves on the Board of Directors of the Bay State Health Care Foundation and who has recently become Vice President of the Suffolk District Medical Society.

WILLIAM H. SWEET, M.D., D.SC.
Chief of the Neurosurgical Service

Report of the Oral Surgical Service

An annual report for 1975 offers an opportunity to summarize the activities of the oral surgical service for the nine years that I have been privileged to be its Chief. Considerable change — in physical environment, in numbers of house and visiting staff, in educational objectives and training patterns, and in the nature of its work — has taken place. This is creditable both to normal evolution and to the philosophical concepts a new director brings to a service, particularly within the ever-changing environment of a vibrant teaching hospital. The 1975 story of the oral surgical service is, therefore, an interesting one.

Until 1967, there were three residents, each spending two years in clinical training and one year in postdoctoral study, often at another institution. There are presently six residents in the three-year program now accepted as the national pattern. Where there had been one full-time staff member, the Chief, there are now three full-time surgeons as well as a full-time clinical fellow. Evidence of the program's current wide recognition is seen in the 100 applications filed each year for the two available first-year residencies. In short, the oral surgical service has taken its appropriate place among the other respected MGH surgical services.

A hospital exists to treat patients, train doctors, and encourage research, in that order of priority. In 1967, oral surgical patient care was hampered by inadequate physical facilities in the outpatient department. Since much oral surgery is done on an ambulatory basis, the clinic needed to be rebuilt, re-equipped, and better staffed. All this has been done and done well within limitations of restricted space. Important changes included the hiring of 2 trained assistants, in addition to the charge nurse, and the installation of an X-ray unit and technician. Patient care was quickly improved by these measures.

Visiting staff coverage, once somewhat erratic, has changed completely. A number of well-qualified, dedicated members of the visiting staff now have specific responsibility for one or more sessions of the eight scheduled each week. They not only provide invaluable teaching to the residents, but also guarantee optimum treatment and continuity of care. Further direction was supplied when Edward Seldin, D.M.D., M.D., became a full-time member of the department in July, 1975, assuming responsibility for the 10,000 patient visits made each year to the oral surgery clinic.

The Emergency Ward is well-known as the city's busiest such facility, caring for severe trauma and acute illness. An oral surgical resident is always assigned to the E.W., sharing responsibility with other house staff for the treatment of seriously injured patients. Additionally, however, our E. W. is one of the few sources in Boston available 24 hours a day to persons seeking relief of acute dental pain. As a result, it is not unusual for the oral surgical resident to see 75 patients during a weekend; the weekly average is 150 patients treated in the E. W. oral surgical room.

The recent availability of the surgical day-care unit, an ideal setting in which to do a wide range of oral surgical procedures for healthy patients, has also enhanced the function of the department. The oral surgical service now does about 400 cases a year there, most of which would have previously required hospital admission.

Despite its large ambulatory care role, the oral surgical service continues with a high inpatient census of approximately 850 admissions to Phillips House, Baker, and the White Building during the past year. This is probably a reflection of the increased number of patients referred to the service with complicated problems. More and more extensive surgery is being done to repair either congenital or acquired facial deformities, severe maxillofacial injuries, or the ravages of jaw and tooth pathology. During the past year, over 50 patients with facial deformities such as prognathism, retrognathia, micrognathia, or inadequate upper jaw were operated upon to correct the handicap. Trauma is also an important facet of oral surgery. Approximately 125 patients with a variety of fractures of the facial bones, often with complications from concomitant diseases or injury, were cared for by the service. It was interesting, incidentally, to note the impact of reduced speeds and lessened driving during the "gas crisis" upon the incidence of maxillofacial injuries, which were markedly reduced during that period.

The total care of patients with severe maxillofacial injuries is demanding, and primary responsibility in this area is now in the hands of R. Bruce Donoff, D.M.D., M.D., who joined the staff full-time in 1974. His pressure has enhanced the quality of both patient care and residency teaching.

The service has a three-fold teaching responsibility: resident training, teaching of Harvard School of Dental Medicine undergraduates, and continuing education of oral surgeons, both locally and nationwide. The residency program embraces two different tracks, both of which lead to eligibility for examination by the American Board of Oral Surgery. Traditional oral surgical training now requires three years, and some of our residents follow that path. For others, however, who are HSDM graduates, we have a unique program which was introduced in 1971. It consists of return to HMS to acquire the M.D. degree, one and a half years as a resident on the general surgical services, and two and a half years as an oral surgical resident. The total time spent in this "Harvard Plan" is five years. Although the concept was greeted with major reservations by some oral surgeons, it is gratifying to note that a number of programs are now emulating it, and it appears likely to have great impact upon oral surgical training and practice in this country. Our only regret is that we are not yet able to offer it to our residents from schools other than Harvard.

Another teaching responsibility is for Harvard students. Because of the small number of undergraduates, we are able to offer them clinical clerkships on the oral surgical service — an opportunity not available at all dental schools. The students spend a month at the MGH, during which they gain broad experience in both the technical aspects of surgery and management of patients in a hospital setting.

Our third educational responsibility is continuing education, and we are pleased to be able to offer both formal courses and lectures by outstanding oral surgeons from the United States and Europe.

Until recently, research has lagged behind clinical and teaching advances. With Dr. Donoff's appointment, however, a significant research effort was initiated. He is established in laboratories at the Shriners Burns Institute, where he is studying wound healing, and his presence makes it possible for residents, students, and postdoctoral fellows to pursue research within the hospital environs.

To conclude, progress has been made — and will continue. None of the accomplishments could have occurred without great support and the extension of many helping hands, and I welcome the chance to thank a few of those who were particularly helpful. Without the efforts of Dr. W. Gerald Austen, Chief of the Surgical Services, we could not have established the double-degree program. For his support and advocacy of the concept, and for his many other helpful acts, I am deeply grateful. The administration, in the persons of Dr. Charles Sanders, his predecessor Dr. John Knowles, and Mr. Lawrence Martin, has provided the encouragement and funds to accomplish our goals and to support necessary personnel. I am grateful to them for their friendship, encouragement, and support. And, finally, abiding gratitude is due the dedicated staff and residents who, despite an immense workload, continue to care for patients with warmth, compassion, and skill.

WALTER GURALNICK, D.M.D.
Chief of the Oral Surgical Service

Report of the Orthopaedic Service

In 1972, a new administrative unit was added to the Orthopaedic Service, and the year 1975 was the third year of many new programs in orthopaedics instituted as a result of the changeover. Over the three years, the staff had an opportunity to assess the changes which had taken place and their impact on service, education, and research.

Service remains the paramount objective of the Orthopaedic Service at the MGH and patient care our principal product. Over the past three years, the service has developed a series of specialty units which have improved the expertise with which patient care is delivered and have provided increased opportunity for quality education and research. Over the initial phases of this program, the Hip and Implant Service, Hand Service, Pediatric Unit, and Upper Extremity Rehabilitation Unit were established and strengthened. In the past year, the special Back Unit, Tumor Service, and Trauma group have developed as specialty services and have begun to establish clinical expertise in various aspects of their respective disciplines.

In 1972, the ward service on White 5 was abolished and converted to a special private unit, operated by two Assistants in Orthopaedics, who had completed their Board requirements in the orthopaedic residency program and were now offered an opportunity to extend for a period of special practice and educational opportunity. The visiting orthopaedists formerly responsible for the service were now considered to be consultants and have over the last year been almost completely substituted for by the specialty services who are called to see patients within their area of interest. The White 5 private unit remains a "general" practice orthopaedic unit but leans heavily on the specialized practice units for optimum patient care. Patients on White 5 and in the ambulatory care unit formerly considered as "ward patients" have established one-to-one relationships with their physicians and have received care commensurate with that rendered by the private physicians to their patients, approximating "one class" of care. The program, tentative and exploratory at first, is now a strong one with the Assistants in Orthopaedics assuming a major role in providing private care to their patients.

During 1975, the Orthopaedic Service established a close relationship with the Massachusetts Rehabilitation Hospital and now occupies and operates a sixty-bed unit at that institution. The patient care is directed by Dr. Stanley Grabias, a new half-time member of the orthopaedic staff at the MGH, with considerable assistance from his cohorts. He has been granted direct admission privileges to the MRH, which vastly simplifies the process of transfer of patients to and from the institution. This program appears to be successful in relieving the pressure for needed beds at the MGH and at the same time improving rehabilitative care to patients in their early recuperative phase.

In 1972, the Orthopaedic Service began a system of "block time" in the operating room in order to improve the ease with which patients were scheduled for surgery and insure a more equitable system of scheduling of the much-in-demand operating time. In 1975, this plan was augmented by a separate system for on-call admissions for orthopaedics which now materially aids in smoothing the course of the patient admitted for elective surgery. This program has gone well and with the exception of periods of hospital overcrowding has allowed the orthopaedic patient to be scheduled for admission and operation in advance with only limited hazard of administrative difficulty interfering with the program of events.

In terms of care, 3,355 patients were admitted and 3,209 operations were performed on the Orthopaedic Service in 1975. The range of operative procedures is wide, but complex problems including difficult joint replacements, extensive spine fusions, allograft replacement for massive resection of bone tumors, knee ligament reconstructions for athletes, reconstruction for patients with injuries of the brachial plexus, replantation of severed limbs, and a number of other procedures are increased in number principally because the Orthopaedic Service is becoming a more commonplace tertiary referral system for the eastern United States. Such techniques as arthroscopy have gained wide popularity on the Orthopaedic Service; ten were done in 1974 and over one hundred in 1975. Patients with orthopaedic procedures of the lower extremities whose complication rates from phlebitis and pulmonary embolism were generally quite high in the past have enormously benefited by the application of research studies by the Hip and Implant Service on prophylaxis against this complication, and the incidence has markedly diminished.

Education remains one of the strongest activities of the Orthopaedic Service at the Massachusetts General Hospital. Residents in orthopaedics from the Harvard Combined Program spend a major portion of their educational exposure at the hospital, and house officers from Tufts and Northwick Hospital in London also rotate through the service. The workload is an extraordinarily large one as compared with other educational units in orthopaedics and other specialties, but there is also considerable teaching activity carried on.

Orthopaedics holds eight regular weekly conferences for the staff and house staff which range widely and cover many of the disciplines within the specialty. The culmination of the week is on Saturday morning Grand Rounds, where in 1975, 43 guests from outside the hospital were invited as speakers. In addition to purely orthopaedic aspects of the conference schedule, there are two joint conferences held with pathology each week and one each held monthly with the arthritis and endocrine units and with the pathology and radiation medicine units. Orthopaedics continues to fill its elective with Harvard Medical Students each month and provides a comprehensive exposure to the orthopaedic discipline to four to six students at a time. The Orthopaedic Staff takes part in numerous additional educational activities locally and on the national and international scenes.

Orthopaedic research has continued to expand throughout 1975 with considerable activity in a number of important areas. The research laboratories on the tenth floor of the Jackson Building are performing studies on: the effect of electrical fields on fracture healing; variation of bone mineral mass in a variety of disease states; pressure about the hip joint as measured by a telemetered hip prosthesis; metabolism of articular cartilage; enzyme activity in a variety of joint diseases; effect of prostaglandins on articular cartilage; analysis of the biochemical and metabolic activities of chondrosarcomas; and the effect of joint transplantation on bone and articular cartilage. In clinical research, twelve quality projects were performed by our house officers in 1975 as part of their requirements for graduation from the program. In addition, the staff and house officers engaged in studies in the relationship of childhood hip disease to late onset of osteoarthritis; the immunologic aspects of slipped capital femoral epiphysis; the use of hyaluronic acid injection in the treatment of osteoarthritis of the knee; the use of chymopapain for the treatment of degenerative disc disease; and in various subjects related to trauma, neoplastic disease, pediatric orthopaedics, and joint replacement.

The staff and house officers of the Orthopaedic Service are a busy group, representing perhaps the smallest numbers of staff in relation to the number of beds, education, and research activity as compared with other services within the hospital. Their activities reflect a wide range of care dictated by the broad scope of the specialty, and their interface with other units of the hospital reflects the breadth of interest of the individuals. The success achieved in 1975 in improving the quality of orthopaedic care, education, and research is based on the active participation of a hard-working, energetic, excited, and interested group of clinicians who comprise the Orthopaedic Staff.

HENRY J. MANKIN, M.D.
Chief of Orthopaedic Surgery

Report of the Department of Pathology

Planning for the expansion and renovation of the service and research facilities continued to be a major activity of the Department of Pathology in 1975. Construction of the laboratories on the fifth floor of the Cox Center was nearly completed by year's end. This area, which we expect to occupy in February of 1976, will house research laboratories, the newly established diagnostic electronmicroscopic unit, and an expanded immunofluorescence service. Planning and supervision of the construction of these laboratories have been largely the responsibility of Drs. Harold and Ann Dvorak. The removal of research laboratories from the first floor of the Warren building and the acquisition of some additional space on the third floor should make it possible to proceed with a much needed expansion of diagnostic and supporting facilities. The design for this area has recently been finished, and an application for certificate of need, prepared largely by Dr. Edgar Taft and Mr. DeLanson Hopkins, has been filed. We hope this project will be approved in the spring of 1976 and that construction can begin in the summer.

The diagnostic services of the department have been reorganized and extended during 1975. Drs. Austin Vickery and Robert E. Scully were appointed co-directors of surgical pathology, with Dr. Vickery bearing administrative responsibility for the service. Under their direction a unit of surgical pathology has been opened in Gray 3 which provides rapid frozen section service and facilitates consultations in the operating room by staff pathologists. A diagnostic electronmicroscopic service has been established under the direction of Dr. Ann Dvorak. She is assisted by Dr. G. Richard Dickersin, who is particularly interested in the use of electronmicroscopy in tumor diagnosis and by Dr. Robert Colvin, who is responsible for study of renal biopsies. The immunofluorescence service, which is supervised by Mr. Bernard Collins, will soon move to enlarged quarters on Cox 5, where its application to study of diseases of the kidney, skin, endocrine, and other organs will be expanded. Dr. Alan Schiller has opened a special laboratory for the study of diseases of bones and joints, in which quantitative and qualitative aspects of metabolic bone disease are evaluated. This laboratory is currently in the Temporary I building and will move to the Warren building in the course of the renovation. Dr. Stanley Robboy has almost completed development of a computer system for the department, which should greatly facilitate reporting, billing, retrieval of reports, classifying, and indexing. Dr. Robboy will also be making use of his expertise in computers and surgical pathology as a member of the Executive Committee on Nomenclature and Classification of Diseases of the College of American Pathology.

The dermatopathology unit, headed by Dr. Martin Mihm, has been strengthened by the increased participation of Dr. Eugene Mark, who recently received board certification in dermatopathology, and of Dr. Jane Lingeman. In addition, Dr. Mihm is now providing expanded diagnostic immunofluorescence service for dermatology, including direct immunofluorescence studies of skin biopsies and measurements by indirect immunofluorescence of circulating autoantibodies against skin components, as seen in pemphigus and bullous pemphigoid.

Approximately 22,000 specimens were processed in surgical pathology, 27,000 specimens in cytology, and 1,200 specimens in cytogenetics.

There were also important changes in the autopsy service. As a result of his increasing interest in dermatopathology, Dr. Mark relinquished his role as director of the autopsy service and was replaced by Dr. Alan Schiller. Dr. Schiller expects to institute shortly a more efficient, pictorial system of reporting autopsy findings and to implement a policy of more rapid completion of autopsy reporting.

There were several staff changes during the year. Dr. Sanford Roth and Dr. James Caulfield have departed to accept chairmanships of pathology departments, Dr. Roth at the University of Arkansas Medical School and Dr. Caulfield at the University of South Carolina School of Medicine. Dr. Robert Trelstad, a long-standing member of the Department, has replaced Dr. Caulfield as Director of Pathology at the Shriners Burn Institute, where he is also developing his own research unit. We were happy to welcome several new staff pathologists, Drs. Ann Dvorak, Robert Colvin, Karl Proppe, William Welch, and G. Richard Dickersin (appointed January 1976). It is with regret that I report the death of Dr. Sudashan Rai after a long illness.

Dr. Scully has performed commendably as Editor of the Cabot Case Records of the MGH and is ably assisted by Mrs. Betty McNeely and Dr. James Galdabini as well as by Dr. William McNeely, who prepares the clinical protocols. Continued publication of the case records in the New England Journal of Medicine has been made possible by a generous grant from Pfizer Pharmaceuticals.

The research activities of the department will be summarized in the forthcoming annual MGH Research Report.

ROBERT T. McCLUSKEY, M.D.
Chief, Department of Pathology

Report of the Department of Psychiatry

In 1975 the Department of Psychiatry continued and expanded its commitment to clinical service, education, and research. It remains our overriding concern to provide maximum service to the hospital and community through rapid consultation, efficient outpatient referral and treatment, and inpatient transfer. Educational activities are currently expanding beyond the walls of the institution. Basic and clinical research retain a high priority.

There were two major personnel changes this year. Dr. Gerald Klerman resigned his post as superintendant of the Erich Lindemann Mental Health Center in order to devote full time to teaching and research. Dr. Ned Cassem assumed the post of director of residency training following the resignation of Dr. Marvin Brode.

New Directions

In the past year the major innovations of the department have been in the expansion of educational activities and in the reorganization of the outpatient clinics.

1) A comprehensive two-week course in general psychiatry has been organized and will be inaugurated in the spring. This course is part of our commitment to continuing medical education and serves the interests of practicing psychiatrists, neurologists, internists, and primary-care physicians who wish to bring their knowledge up to date.

2) The outpatient clinic has been reorganized into the General Psychiatry Practice which includes, under one administrative structure, a comprehensive-care facility for short- and long-term treatment. Staff and residents work together with the goal of promoting a single standard of care.

3) Liaison has been established between the department and the Augusta Mental Health Institute to provide continuing education for this major treatment resource of central Maine. Faculty members are currently conducting on-site conferences, workshops, and lectures.

4) Bilateral agreement has been reached on the development of a consultative relationship between the department of psychiatry and the department of social relations at Harvard University. Research methodology and training of graduate students will be areas of mutual concern.

5) An affiliation is under way between the department and the Veterans Administration Outpatient Clinic on Court Street.

Clinical Services

1) Inpatient services: Two wards are available for the hospitalization of the acutely ill. These are the general hospital ward on Bulfinch 7 and the Harbor Area inpatient service at the Lindemann Mental Health Center. Bulfinch 7 is a 21-bed unit which concentrates on the acute intervention in the major psychiatric disturbances. Close liaison with other services is maintained in order to facilitate the transfer of medical and surgical patients with behavioral symptoms. The Harbor area inpatient service serves the surrounding community of 172,000 people and is a public facility staffed by the department of psychiatry.

The need for expanded inpatient psychiatric services persists. As in the past, less than half of the patients referred for transfer to Bulfinch 7 could be accepted because of lack of space.

2) Psychosomatic services: Consultation and liaison to medicine and surgery are provided by the psychosomatic services. Direct clinical care is maintained by the psychosomatic division of the outpatient service. Clinical research continues at the interface between biological and mental phenomena.

The general hospital liaison service has provided 900 consultations to the medical and surgical services in the past year with a total of 2,100 patient visits. This service is provided by senior residents supervised by staff psychiatrists whose major orientation is psychosomatic medicine. The private liaison service has provided 340 consultations in the past year to patients in the Baker division and the Phillips House.

The newly formed psychosomatic outpatient clinic provides 2,000 patient-care hours per year. It focuses on the evaluation and treatment of conversion symptoms, sexual dysfunction, chronic pain syndromes, and habit-control problems such as smoking and obesity. Treatment modalities include psychotherapy, psychopharmacology, behavior modification, hypnosis, and biofeedback.

The somatic therapies consultation service has provided evaluation and treatment to 200 patients who require chemotherapy or, when indicated, electroconvulsive treatment.

3) Outpatient services

a) General Psychiatry Practice: The outpatient clinic has been comprehensively reorganized to promote efficiency in evaluation and treatment. The clinic system as such has been replaced by the General Psychiatry Practice which provides clinical care by both residents and staff psychiatrists. Resident training is facilitated by the close cooperation of senior and junior clinicians. The acute psychiatry service, the psychopharmacology clinic, the alcohol and drug abuse unit, and the psychosomatic clinic are all administrative subunits. The chronic problem of long waiting lists has been virtually eliminated.

b) Child Psychiatry: Major reorganization has also taken place in the child psychiatry service. All second-year residents, three fellows, and two psychology trainees now participate in evaluation and treatment within the group practice framework. A medication clinic has begun. Direct referrals are now being taken from the pediatric clinic. An affiliation now exists with the inpatient service at Metropolitan State Hospital.

c) Psychology service: A newly reorganized psychology service now provides assessment through the efforts of six psychology interns. Psychological testing is available to medical, surgical, and neurological services.

d) Bunker Hill Health Center: The Community Mental Health Service of this unit provides comprehensive evaluation and treatment for the residents of Charlestown. Eleven thousand patient contacts were made in the past year, of which 40 percent were children. Consultation to the courts and schools has been an important feature of the program.

Research Activities

The Department of Psychiatry continues to be engaged in a wide variety of basic and clinical research projects.

1) Basic Research: The Psychiatric Research Laboratories, headed by Dr. Seymour Kety, continue to investigate the genetic factors which are operative in the transmission of the major psychoses. The neuropharmacology section is currently investigating the physiologic and pharmacologic chemistry of central synaptic transmission in the mammalian brain. The laboratory continues its association with a clinical research ward for the study of schizophrenia at the McLean Hospital.

The Stanley Cobb Research Laboratory on Warren 6 continues neurophysiologic investigation of indoleamines in the visual system of the cat brain.

2) Clinical Research: Several of the clinical units conduct research in their areas of concentration. The outpatient service continues its study of the customer approach to patient care. The acute psychiatry service is investigating the rapid treatment of acute psychosis. The psychosomatic service now marks its eighth year of study of the psychological correlates of myocardial infarctia and stress related

disorders. Project Omega continues the study of adaptation in cancer patients.

Teaching

The training of Harvard medical students remains an area of major interest. A core clinical clerkship has been developed with available exposure to inpatient, outpatient, emergency, and liaison psychiatry.

Residents in the Primary Care Track of the Medical Service receive instruction in interviewing techniques, medical psychiatry, psychopharmacology, and basic psychotherapy. Other medical house officers receive training in managing the emotional needs of their patients by means of didactic conferences and videotaped interviews.

THOMAS P. HACKETT, M.D.
Acting Chief

Report of the Department of Radiation Medicine

The major event during the past year for the Department of Radiation Medicine was the partial transfer of our operation from White 2 to the new Cox Center. We are now fully utilizing two new 60 Cobalt units in the Cox ground level. The first 18MeV linear accelerator has been installed and is in the process of final testing prior to initiation of clinical function. The second 18MeV linear accelerator is due to arrive in May and the 35MeV linear accelerator in April. In view of our current work load of 160 to 180 patients being treated per day, this new equipment represents an enormous assistance. Even so, we now are still operating with a backlog of about two to three weeks. This has happened despite the availability of new equipment and reflects quite directly the implementation of more precise and, we think, more efficacious treatment. Currently a majority of examinations of patients which take place during the course of their treatment are performed in the examination facilities in the Cox ground floor. Further, new patient examinations and follow-up examinations are being performed in the Ambulatory Care Area on Cox 1. A practical and important benefit of this new arrangement is the increased ease of seeing and discussing patients conjointly with our colleagues from Surgery and Medicine. That is, the multidisciplinary approach to patient-care decision is being implemented much more often than in the past.

Staff offices for clinicians and radiation biophysicists have been occupied on Cox 3. This affords a vastly more efficient and pleasant working area. In addition, there is now a proper departmental conference room for discussion of patient problems, presentation of new developments in radiation therapy, research topics, etc. This is located on Cox 2. The research laboratory and the Machine Shop will continue in the Temporary Building #2 until March or April of 1976. Our expectation is that by December of 1976 all of our activities will be transferred to the Cox Center.

An important area of clinical research which has been initiated is the program to evaluate the role of 160MeV proton beam in large field highly fractionated radical dose radiation therapy. This program is supported by the National Cancer Institute and is being performed on the Harvard University Cyclotron. This is participated in not only by our clinical and radiation biophysics group but also the physics group at the Cyclotron and the radiation biophysics group at the Joint

Center for Radiation Therapy. Special treatment problems being investigated in this program are head and neck tumors and pelvic tumors. Six patients with ocular melanoma have been treated by ultra-precision technique. This affords the opportunity to save much of the vision for the patient. These patients are being treated collaboratively with Dr. Evangelos Gragoudas of the Mass. Eye and Ear Infirmary, who is fully involved in this program. Further, four patients with pelvic tumors have been treated since June of this year. Not only do we expect that the proton beam will be proven of greater efficacy than X-ray beams for selected tumor-normal tissue sites, but also that as a consequence of this effort our photon beam therapy will be of higher precision and that increased attention will be paid to patterns of local extent of tumor. The result of these various activities should be better treatments for most classes of patients being accepted for treatment in this department.

We have also started a program for evaluation of the efficacy of combining C parvum administration with radiation therapy for treatment of carcinomas of the head and neck, ovarian carcinomas, and soft-tissue sarcomas. C parvum is a nonspecific immunopotentiator which has only mild to moderate levels of toxicity. This preparation has been shown to be highly effective in causing growth retardation or regression of established tumors in many experimental animal tumor systems. Further, in the work performed in our laboratory in three of four tumors studied, the combination of C parvum and local irradiation has resulted in a marked reduction in the radiation dose required to achieve destruction of tumor and has increased the proportion of animals surviving disease free. At present, the evaluation of C parvum and radiation therapy for head and neck tumors is being evaluated by the technique of a clinical trial.

A new technique for supplemental radiation therapy for nasopharyngeal carcinomas by intracavitary-afterloading procedure has been developed by Dr. Wang. This affords a relatively simple and safe means of increasing the dose to nasopharyngeal carcinomas after the maximum dose of external beam therapy has been given. Another technique introduced into our clinical activities has been that of the interstitial use of ^{125}I seeds for partial treatment of carcinoma of the pancreas and prostate. The low energy of the gamma-ray emission has made the isotope particularly attractive because of the very low level of radiation exposure to medical, nursing, and technical personnel during the procedure or during the patient's stay in hospital. This work has been developed here by Dr. W. Shipley and Dr. C. Ling.

We have established a Division of Radiation Biophysics, and this is headed by Dr. Edward Epp. He joined our group in December 1974. Formerly he was Head, Division of Physical Biology of the Sloan-Kettering Institute of New York. The physics staff now includes Dr. Arthur Boyer, Dr. Michael Goitein, Dr. Clifton Ling, Dr. Lynn Verhey, and Dr. Peter Biggs.

Radiation Biophysics activities have been many and intense during this past year. The physicists and engineers of the Division of Radiation Biophysics installed two Cobalt 60 units in the ground floor of the Cox Building. During the latter part of 1975 an 18MeV linear accelerator (Varian Assoc.) was installed in the Cox ground floor. This installation was preceded by intensive acceptance testing carried out at the Varian site by the physics and engineering staff before shipping was permitted. After installation, the machine was put through the same test procedure at the hospital before acceptance. Our expectation is that as a consequence of this intensive testing, especially that conducted before the machine left the factory, we are more likely to have a reduced down-time, etc. Further, the physics group in collaboration with the radiation therapists have designed a new radioactive isotope laboratory to provide modern facilities for treatment requiring interstitial, intracavitary therapy techniques.

HERMAN D. SUIT, M.D.
Chief of Radiation Medicine

Report of the Department of Radiology

I have not had the pleasure of preparing an annual report since joining the department as Radiologist-in-Chief in the summer of 1971. 1975 is the fourth year of a five-year plan in which I hoped to accomplish the total modernization of the department. The task is probably too large, and I have my doubts that it will be accomplished during this period. The last four years have been a period of achievement in many fronts, and much of the credit goes to the professional staff of the department as well as to the technical, secretarial, and clerical staff, very ably assisted by the administration of the hospital without whose help the task would have been much more difficult.

Upon my arrival here, the Department of Radiology was divided along hospital lines, and thus there was a White Radiology Service, a Baker-Phillips House Radiology Service for inpatients, a Baker Radiology Service for outpatients, and an Emergency White 1 facility. There were separate x-ray film file rooms for the White-Bulfinch patients and for the Baker-Phillips House patients, and, with some exception, the radiologists were organized along the same lines.

One of the early moves was to try to consolidate all of the x-ray files in one area and to divide all of the professional activities along subspecialty lines as much as feasible. The purpose of the latter was to increase professional interest and proficiency by organizing the services along organ systems rather than around hospital lines in order that the radiologists relate to groups of physicians in a more effective manner. While in the beginning the consolidation of the file-room activities was difficult and raised some problems, with the passage of time these problems have tended to disappear through the introduction of effective controls.

One of the important advances took place with the introduction of computer assisted scheduling and file-room operation. The original programs have undergone continuous refinements and improvements, and the results have been rewarding. The introduction of computer assisted scheduling has allowed for the elimination of unnecessary duplications in examinations which in the past were ordered more than once by two or more individuals involved in the care of a given patient. It has also eliminated conflicts in scheduling and has permitted us to begin to manage the enormous task of controlling the flow of films through the x-ray film library. This involves the management of new and old films, the reading-interpretation operation in the various areas, and the lending functions.

The growth of the Department of Radiology continues in all areas. The number of examinations exhibits a rate of growth which shows no signs of slowing down. In the year ending September 30, 1975, over 220,000 examinations were performed, whereas in 1968, only 7 years ago, 140,000 exams were carried out. The introduction of an entirely new technology, that of computerized tomography, has been truly revolutionary in that it represents a new and noninvasive approach to the diagnosis of brain disorders. At the same time, however, it has opened up some new problems for us in that the tremendous demand for these examinations cannot be met except through additional capacity which requires both capital investments and additional space. Hopefully, some of the space problems will be temporarily alleviated by the availability of the space now occupied by radiation therapy on White 2 when the move of Radiation Medicine into the Cox Center is completed. Indeed, the problem of space to provide ever-increasing services has always been the most difficult to take care of in departments of radiology, and the MGH is no exception. The continued and rapid growth of Nuclear Medicine procedures is another example where increased demand for services has outstripped our facilities. This has required the creation of a satellite unit for Nuclear Medicine which temporarily solved the problem; as a long-term solution, however, this is undesirable because it splits the personnel and the equipment, making it less economical to run.

The staffing of the Department consists of 36 full-time and 1 part-time radiologists. Almost all of them are assigned to specific units headed as follows: Dr. Reginald Greene, Chest Roentgenology; Dr. Joseph Ferrucci, Gastrointestinal and Ultrasound; Dr. Richard Pfister, Genitourinary Radiology; Dr. Farooq Jaffer, Bone and Joint area; Dr. Paul New, Neuroradiology; Dr. Stanley Baum, Vascular Radiology, succeeded by Dr. Christos Athanasoulis; Dr. Majic Potsaid, Nuclear Medicine; Dr. Sue Kramer, Pediatric Radiology, succeeded by Dr. Spencer Borden; Dr. Salvatore DeLuca, Emergency Radiology, succeeded by Dr. Frederick Tomchik; Drs. Marjorie LeMay and Jere Llewellyn, Baker Ambulatory Radiology; and Dr. Lester Kalisher, Xerography-Mammography unit.

During the year, Dr. Stanley Baum, who had done an extremely effective job as director of the cardiovascular section, departed to assume the chairmanship of the Department of Radiology at the University of Pennsylvania. After his departure, the cardiovascular section became two units; one directed by Dr. Christos Athanasoulis, in charge of vascular radiology, and another directed by Dr. Robert

Dinsmore, in cardiac radiology. Dr. Sue Kramer, who had ably directed the Pediatric unit, left us to join the Albany Medical College, and Dr. Sal DeLuca joined the staff at the Cambridge City Hospital.

The division of Radiological Sciences is headed by Dr. Edward Webster, and the Physics Research Laboratory is headed by Dr. Gordon Brownell. Together, the radiologic physics group is exceptional both in the quality of their research and in the dedication to service and teaching.

This year, Dr. Roger Bauman who had been on the part-time staff, joined us on a full-time basis and for the first time a new position was created within the Department — that of Assistant Chief of Radiology in Charge of Operations and Computer Activities. His influence on the operation of the department is already strongly felt at the time.

The undergraduate teaching and the residency program are managed by a committee chaired by Dr. Laurence Robbins. The undergraduate program is concentrated around the radiology elective taken mostly by third and fourth year Harvard Medical School students. It consists of a four-week concentrated course directed formerly by Dr. Anthony Peck and now by Dr. Robert Novelline. This elective course is always extremely well received and highly praised; last year it was taken by 66 Harvard Medical School students. In addition, the students taking some medical and surgical electives received radiologic instruction. Members of the radiology staff participate in the block teaching at the Medical School, and members of the physics staff participate in the teaching at the School of Public Health.

The postgraduate training and teaching are organized around the residency and fellowship programs. Thirty-three residents are accepted for a three-year training program following internship. In addition, 8 clinical fellows are receiving training in subspecialty areas of radiology, namely, neuroradiology and cardiovascular radiology, following completion of their radiology training. Postgraduate seminars and courses are organized by the department each year, particularly in the areas of gastrointestinal radiology, genitourinary radiology, and neuroradiology. These are becoming increasingly popular and are attended by many physicians from all areas of the country.

The research efforts of the department are listed in the Research Activities report of the MGH and will not be repeated here.

I wish to express my gratitude to the professional, technical, secretarial, and clerical staff of the department for their loyal support during the past four years.

JUAN M. TAVERAS, M.D.
Radiologist-in-Chief

Report of the Surgical Services

Health-care delivery is, of course, a multidimensional responsibility including simultaneous participation in education, patient care, and research; I am pleased to report that in the past year the Surgical Services have made substantial progress in all three areas.

In our program of undergraduate education, a new course has recently been established, "Introduction to Clinical Medicine," which consolidates the traditional courses of "Physical Diagnosis" and "Introduction to the Clinic." Coordinated by Dr. Chiu-an Wang and Dr. John M. Head, this new 14-week course will be given once a year beginning in 1976, and its aim will be to provide a more integrated introduction to clinical methods by having the same staff member instruct the student in both diagnosis and technique.

On the postgraduate level, Dr. Leslie W. Ottinger, assisted by Dr. William M. Abbott, has continued to direct the residency program. In July of 1975, the 14 first-year participants began their residencies; eight came from Harvard University and one each from Brown University, Loyola University, Cornell University, Duke University, the University of Chicago, and Dartmouth College. In other areas of postgraduate learning, 45 clinical and research fellows from 12 countries have come to the Massachusetts General Hospital to train with members of the staff, and global representation at the seven continuing education courses held in conjunction with Harvard Medical School has also been notable.

On White 6 and White 7, where undesignated general surgical patients are located, the census has been reasonably high; in this area, progress is in the direction of formation of a group practice.

Four additional operating rooms have been designed, and construction is imminent; the same status applies to additional general surgical recovery rooms on White 3 and intensive-care facilities on Gray 3A.

The Thoracic Surgical Unit has continued to grow under the direction of Dr. Hermes C. Grillo, and a central office area has been constructed on Gray 5 that will serve to focus the activities of the Unit. Plans for a residency program in cardiothoracic surgery have been completed, and the first chief resident in general thoracic surgery began on January 1, 1976. The monthly clinical seminars in thoracic disease and the thoracic pathology conferences have remained important focal points in the medical and surgical thoracic effort. Clinical activity has increased steadily, with a broad variety of cases providing an excellent educational opportunity. Junior surgical residents have profited from endoscopic training given on the service.

In the Thoracic Surgical Laboratory, the number of esophageal manometry studies has increased impressively. A full range of motility and acidity studies are now offered that are of great value in the diagnosis and treatment of patients with complex esophageal problems.

This year was the fifth since the organization of the Division of Gastroenterological Surgery. Because of the number of surgeons involved, this Division demonstrates well a special characteristic of this hospital: the integration of surgeons primarily involved in private practice and teaching with those who also have administrative or investigative responsibilities. Communality of purpose has made the weekly rounds in gastrointestinal surgery a crowded event. Teaching and supervision of the resident staff have become more structured, and protocols to evaluate new forms of therapy are being introduced. A wide range of specialized laboratory services, endoscopic examinations, and facilities for patients with enteric stomas are now available, and extramural support for research leading to future improvement in patient care has increased.

The Tumor Clinic has moved to the Cox Center for Ambulatory Cancer Management and has changed its name to the Cox Ambulatory Service Unit (ASU). The Cox Center houses surgical oncology, medical oncology, and radiation medicine offices and laboratories as well as the ASU; centralization has not only facilitated management of patients with combined methods of treatment but has also allowed more extensive interdisciplinary teaching. On January 1, 1976, Dr. Alfred M. Cohen became a member of the staff with a major commitment to surgical research and tumor biology, joining Dr. William C. Wood in the laboratories now under construction on Cox 6. Their research will focus on the body's immunologic response to cancer and the nature of metastasis, with the goal of developing new diagnostic and therapeutic techniques. With Dr. John W. Raker and others, they will participate in surgical oncology in the Cox ASU.

The Transplantation Unit, headed by Dr. Paul S. Russell, has been active both clinically and in research. A new method of individualizing immunosuppressive treatment is being applied to kidney transplant patients and, in collaboration with the Shriners Burns Institute, to children with skin transplants for extensive burns. A specially designed area on Phillips 8 is under construction for the centralized care of transplant patients.

The Clinical Vascular Laboratory under the direction of Jeffrey K. Raines, Ph.D., in the past two years has become increasingly busy, and now tests patients on all services and occasionally patients from other institutions. Noninvasive diagnostic techniques have been expanded, and methods are presently available for detection of vascular disease in the venous circulation as well as in the arteries of the upper and lower extremities and cerebral circulation. Research in this field has continued in collaboration with Dr. William M. Abbott's vascular laboratory.

Under the direction of Dr. John F. Burke, the Burns Trauma Center of the Massachusetts General Hospital and the Shriners Burns Institute began its second year of a three-year grant from the National Institutes of Health for the study of pulmonary damage, metabolic abnormalities, and wound healing after burns. Two new research programs have also been started: “Research in Burns and Trauma” is a postdoctoral training program sponsored by the United States Public Health Service and coordinated by Dr. June R. Aprille; cooperative studies on protein metabolism have also begun between the hospital, the Shriners Burns Institute, and the Massachusetts Institute of Technology under the guidance of Dr. Burke and Professor Vernon R. Young of MIT’s Department of Nutrition.

The Emergency Ward has provided another year of outstanding service to the greater Boston community under the direction of Dr. Earle W. Wilkins, who is now being assisted by Dr. Peter L. Gross as Associate Chief of Emergency Services. An important event in 1975 was formulation of the Emergency Medical Services Subcommittee of the Conference of Boston Teaching Hospitals, and we are proud of Dr. Wilkins’ election as its chairman. This subcommittee has as its responsibility the establishment of a city-wide system for emergency services that will include an ultrahigh-frequency two-way communications system between the emergency wards of the 17 teaching hospitals, the Department of Health and Hospitals, and the Boston Police Department. In a care capability study of the emergency services and backup facilities in the participating hospitals, the Emergency Ward in this hospital received an outstanding evaluation in all seven areas of emergency medicine that were studied.

Among the many accomplishments of the staff members of the Surgical Services in 1975 have been the following: Dr. Gordon A. Donaldson was elected president of the New England Surgical Society, the Boston Surgical Society, and the Massachusetts Chapter of the American College of Surgeons; Dr. Grant V. Rodkey continues as president of Massachusetts Blue Shield; and Dr. John F. Burke serves as secretary of the Boston Surgical Society. The Surgical Services have also been well represented on NIH study sections.

I would like to express my gratitude to the Surgical Staff, the Surgical Resident Staff, the other services at the Massachusetts General Hospital, and the Administration for their cooperation and support throughout 1975.

W. GERALD AUSTEN, M.D.
Chief of the Surgical Services

Report of the Urological Service

The most significant event in the evolution of the Urological Service at the Massachusetts General Hospital in 1975 was the further development of the Urological Associates, established July 1, 1974, and the resultant improvement in the quality of care of the patients housed on White 10. The Associates, comprising five active members part-time and three on a full-time basis, act as back-up in responsibility for care to the Chief Resident (in most cases a junior Staff member), and hence the anachronism of the "ward" or "public" patient has been eliminated. The fiscal implications of this concept permit many benefits, largely educational, to our house officers heretofore not available due to lack of funds. The new system of care has, I believe, also resulted in increased cooperation between Visiting and House Staff — an obvious benefit.

The Associates group has had a most important "spin-off" effect in that the "core" and other elective students have much more contact with the Visiting Staff in a day-to-day fashion. House officers and Staff combine to offer the student a much improved experience.

Our residency program continues to attract many outstanding candidates each year. We have been successful in competing for fellowship support from the American Cancer Society, and a six-month rotation to the Research Laboratories, with emphasis on the clinical aspects of cancer research, has now become a part of the program for those qualified and interested in this facet of training.

An active, broad-based program of cancer research under the direction of the Chief of Service continues to be expanded. Several major clinical studies in bladder and prostatic cancer under the aegis of organ sites projects sponsored by the National Cancer Institute are under way to examine critically both conventional and innovative modes of cancer surveillance and therapy for patients with all stages of disease. Generous donations from individuals have assisted in funding, as well. The studies mentioned are prospective, controlled trials statistically designed to provide the most reliable data from the smallest number of patients whose interests have been carefully protected.

The clinical studies are complemented by a basic research effort which focuses on immunological and biochemical processes in both clinical and experimental tumor systems. The integrated efforts of investigators from the Urological Service, the Endocrine Unit, Pathology, and Nuclear Medicine are directed towards applying a multidisciplinary approach to problem solving. A carefully supervised rotation is, as mentioned above, provided for the resident staff.

In the past year our Resident Staff have interested themselves in several clinical studies, the most notable being a protocol for hyperalimentation developed by Dr. Terry W. Hensle.

In the area of staff, Dr. Robert J. Irwin and Dr. Niall M. Heney have joined the Visiting Staff as clinical full-time members. This is an important development, enhancing patient care, teaching, and research, as well as administration. Dr. Hugh C. Bredin left us at the end of 1975 to become head of the Urology Department at the Galway Regional Hospital, Galway, Ireland.

We remain plagued with problems common to many "small" surgical subspecialties: admitting, space, and funding. I am hopeful that the coming year will see constructive changes take place in at least some of these areas.

GEORGE R. PROUT, JR., M.D.
Chief of Service

Report of the Ambulatory Care Division

The transition of the Clinics of the Massachusetts General Hospital continued in the year 1975, culminating in the creation of the Ambulatory Care Division on October 1, 1975. The goals of the Division are to provide a high quality, single standard of care to all patients seeking care; to provide for training of physicians, nurses, and other health professionals in the ambulatory setting; and to encourage and conduct research to further knowledge concerning care and training in the ambulatory setting. Finally, it is a goal to conduct these tripartite activities in a financially responsible manner.

The past year has seen the continuation of the trend of the development of group practices begun in 1972 with the creation of the Internal Medicine Associates. Medical subspecialty groups in Endocrinology and Oncology are in operation. The Pediatric Ambulatory Center, begun in July 1974, continues to grow, adding subspecialty groups in Learning Disability, Dermatology, Genetics, Psychiatry, Allergy, Nephrology, Gastroenterology, Endocrinology, and Special Hematology in addition to the general pediatrics practice. The General Psychiatry Practice, begun as a small pilot program in July 1974, has expanded to incorporate all ambulatory psychiatric activities. Subspecialty groups have been established in Child Psychiatry, Alcohol Clinic, Street Youth Program, Psychopharmacology Clinic, and Psychosomatic Medicine. The Department of Dermatology began planning for the establishment of a group practice to encompass all dermatologic activities, and discussions have begun in a number of other departments. The formation of each of these group practices further extends the concept of continuous comprehensive coverage available to each patient.

Clinical supervision for the nurses and physicians remains under their respective departments, nursing through the Associate Director for Ambulatory Nursing, Miss Ruth M. Farrisey, and the physicians to their chiefs of service.

Nursing continues auditing activities under the Department of Nursing, and retrospective audits are being developed for the Ambulatory Care Division at large.

Patient registration and business functions for patients coming to the Clinics, Group Practices, Emergency Ward, and Private Laboratories have been consolidated into an Ambulatory Care Division Business Office under the direction of Mrs. Rose Craven.

Planning for the new Ambulatory Care Center continues under the aegis of the Ambulatory Care Center Coordinating Committee elected in March 1975. In addition there are committees concerned with nursing, social service, and community aspects of the Center's development.

Final positive action on the application for our Certificate of Need was taken by the Department of Public Health Council on April 1, 1976.

JEROME H. GROSSMAN, M.D.
Director, Ambulatory Care Planning

RUTH M. FARRISEY, R.N.
Associate Director of Nursing,
Ambulatory Care Nursing

Report of the Board of Managers of the Medical Clinics Complex

During 1975-76 the development of the Medical Clinics Complex has proceeded with large and small problems and with some modest improvements.

Among the problems have been a larger annual turnover of management, support and nursing staff, uneven financial balances in the Internal Medicine Associates (IMA) practice, and further crowding of staff and patients in already crowded facilities. Fortunately, by the end of 1975 new staff had been recruited and financial balance of the IMA had been achieved. Among staff changes has been the addition of two new IMA medical staff, Drs. Ann Baker and Peter Gross; several new nursing staff, Barbara Dorff, Peggy Dooling, Maureen Sala, Erna Place, Helen Freniere, and Emmi Zahka; a new manager, Marian Jennings; and a new Unit Coordinator, Donna Muffuletto.

Among the modest improvements are organizational changes, continued practice growth, new physician-nurse practitioner training, and continued elaboration of primary care training in internal medicine.

A new group practice organization that has joined "clinic" and "private" practices in the model of the IMA and Endocrine Associates is the Medical Oncology Associates. The Oncology Associates include Drs. Rita Kelley, Robert Carey, Sheldon Kaufman, and David Sohier, all based in the Cox Center. In addition, several medical specialties have begun negotiations to reorganize their "clinic" and "private" practices as a group. The development of these additional group practices will require new arrangements for management and governance that will be discussed and implemented this next year. In the Ambulatory Screening Clinic under Dr. Richard Pingree, the part-time staff recruited from clinical fellows was reduced by fifty percent while a nurse-practitioner, Martha Langlois, was added. Both changes were undertaken in order to produce a more cohesive organization and remain within budgetary constraints.

Patient census has remained high throughout all medical practices, totalling 81,623 visits, a rise of 11.5 percent. 10,348 patients made 28,754 visits to the primary care practices of the IMA-PCU; 14,364 patients made 22,181 visits to the walk-in service of the ASC; 6,224 patients made 17,879 visits to the various medical specialty practices and clinics; visits to the Anticoagulent Clinic were 7,272. The most notable trend in these practices is the growth of nurse-practitioner contacts with patients, a total of 6,531 this year compared to 2,492 in

1972. In the instance of the IMA-PCU practices 17 percent of all patient-visits are nurse-patient encounters. As nurse-practitioners undertake more clinical work, a rearrangement of supportive tasks is being undertaken. The work of secretaries and technical aides is being combined into a new job category of office assistant. Providing still another source of help, social worker contacts with medical patients numbered 5,536.

Nurse-practitioner and physician training has had further development with a program under Ms. Maureen Sala, RN, and Dr. Ann Baker. As codirectors of a project supported by the Johnson Foundation, they have provided supervision of both nursing and medical house staff undergoing training in the Primary Care Unit (PCU). Besides the quality of the trainee's experience, one example of the program's effect may be improved interchange between doctors and nurses. An indication of this is the greater number of patient visits with nurse-practitioners in this unit, some 31 percent, higher than in any other unit within the MCC.

House staff in the Primary Care Unit continue to enjoy the support of the entire medical service and clinical supervision drawn from all divisions within the department. Staff which provided supervision included: G. Baker, R. Sweet, N. Rubin, H. Simon, S. Goldfinger, J. Dineen, L. Miller, S. Levisohn, L. Axelrod, R. Lawrence, A. Weinberg, J. Avruch, A.W. Karchmer, R. Johnson, C. Hopkins, R. Rubin, M. Swartz, J. Hardin, E. Slater, W. Seaman, G. Thibault, W. Crowley, R. Aber, J. Levine, J. Stoeckle, A. Leaf, C. Ridgeway, S. Nussbaum, R. Dixon, and G. Curfman.

In organizing training experiences one departure from the traditional arrangements of training within clinics was made. For ambulatory experience in ear, nose, and throat practice the assistant residents rotated through the private offices of Drs. Robert Lofgren and Robert Katz of Boston ENT associates located off hospital grounds. For experience with general eye problems, Dr. Jay Kaufman provided supervision in the Eye Emergency Ward. Dr. Steven Levisohn and the PCU staff organized a journal club so that all the staff could participate more actively in the teaching-learning process.

Plans for this next year are to integrate medical house staff and Harvard Medical students into the IMA teams, to expand the Primary Care Unit, and to provide other amenities for patient care, provided of course that additional space becomes available from the MEEI.

JOHN D. STOECKLE, M.D.
JAMES DINEEN, M.D.
SHARON FOLLAYTTAR, R.N.
MARIAN JENNINGS
LARRY WOOD, M.D.

Report of the John Collins Warren Laboratories of the Huntington Memorial Hospital of Harvard University at the MGH

The excitement of several years ago due to the finding that many animal tumors are caused by special oncogenic viruses has now given way to a patient search for the mechanisms by which such viruses subvert the regulated metabolism of their animal hosts. The feeling of expectancy that soon a definite human tumor virus would be isolated has been replaced by subdued optimism that one such will eventually be found. At the present time, however, no candidate human tumor virus satisfies all critical criteria for acceptance. A number of viral candidates of initial promise have been abandoned as being of other than human origin or as being innocuous "passengers" in the human cell.

One may regard the experience of the past few years as a shakedown voyage of human tumor virologists through stormy seas. Perhaps the closest to acceptability as a viral causative agent for human cancer is the so-called Epstein-Barr virus found in the lymphomas of central Africa. And yet there are still misgivings, in that this virus in itself is insufficient to cause the malignant disease, since it appears to require a cofactor of some sort — related to the environment, carried by a biting insect, or present in the genetic makeup of the susceptible human host. It may at this moment be stated that the relationship of viruses to human cancer is a deepening puzzle, with no answer as yet bubbling up to the clinical surface.

The progress of knowledge of the relationship of animal tumor viruses to cancer in animals other than human, in contrast to the above murky situation, has lately been spectacular. Let me describe briefly the field in which our laboratories are engaged and recent developments in this area. One of the oldest virus tumors known is the chicken sarcoma found in 1912 by Peyton Rous to be induced by a filterable virus. This virus contains two long ribonucleic acid molecules which code for information which converts normal chick fibroblasts into malignant sarcoma cells. The genetic information for transformation appears to be located at one end of the RNA molecule, which itself consists of approximately 6,000-10,000 residues (or genetic letters).

A major effort of our laboratory is trying to decipher the code at this end (the so-called 3′-hydroxy end) of the transforming ribonucleic acid molecule. The current report will in the interests of brevity mention only this segment of our efforts, leaving unspoken other fascinating findings in basic science discovered here during the current year. We have already made a modest contribution in finding that at the terminus of the avian myeloblastosis virus is a stretch of approximately 30 adenylic acid or "A" residues. We are now painfully nibbling inwards to uncover residues proximal to this polyadenylic acid tail. It was a fortunate circumstance that we chose several years ago to initiate our genetic code deciphering operation at this end of the molecule. Only during the past few months have other laboratories in Switzerland and in California pinpointed this 3′-hydroxy end of the transforming ribonucleic acid molecule as being of crucial importance in the transformation of a normal chick cell into a malignant one. A number of nontransforming variants of the Rous sarcoma virus have been found to lack this information near the 3′ end, and on the other hand, hybrid viruses which do transform appear to have it. It has therefore become a goal of this laboratory, as well as that of others, to pursue this exciting lead, which extends deeply into a central mystery of molecular biology. This is the mystery of how the message of a tumor virus ribonucleic acid molecule is transcribed in a reverse direction into the deoxyribonucleic acid (DNA) of the host cell and then becomes mixed with instructions from the host cell itself to construct a new kind of cell — a transformed malignant cell — which grows incessantly and excessively, without regard to the welfare and needs of the animal as a whole.

Over 20 years ago these laboratories opened the doors to the modern era in the study of protein synthesis. We found conditions under which living cells could be ruptured and yet were still able to carry out the enormously complex process of synthesizing protein molecules, which catalyze the many interwoven essential events of the living cell. From these early beginnings a cascade of important information followed during the last two decades, contributed by a multitude of laboratories throughout the world. We have also remained active in this field, admittedly struggling to keep up with the mass of exciting information which has poured out from other scientific establishments. In particular, we have been engaged in using the genetic ribonucleic acid of a chicken tumor virus as a message for a cell-free protein synthesizing system. Our goal is to find out which parts of this viral genetic message code for particular proteins. As mentioned above, the transforming part of the genetic information of the chicken tumor virus is located near one end of the transforming ribonucleic acid molecule. One can therefore chop off this end and find out, hopefully, which proteins are involved in the transformation of a normal cell into a malignant one.

In these days of widespread exposure of the many venalities of human behavior, it is a source of satisfaction to be part of a noble endeavor and for these laboratories to enjoy the continuing combined support of this hospital and of Harvard University.

PAUL C. ZAMECNIK, M.D.
Director

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Robert E. Scully, M.D.
Bartlett H. Stone, M.D.
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Richard J. Wurtman, M.D.
Leona Zacharias, Ph.D.

Research Fellows in the Vincent Hospital Laboratories
William F. Crowley, M.D.
David T. MacLaughlin, Ph.D.

Miss Mary Quinlan, R.N., *Assistant Director in Nursing*

Mrs. Joseph Stukas, R.N., *Administrative Supervisor of Nursing*

Miss J. A. Newell, R.N., Miss R. A. Shanks, R.N., *Head Nurses*

Miss Suzanne Hudson, R.N., *Nurse Clinician*

Miss Elizabeth Davis, R.N., *Unit Teacher*

Miss Ruth A. Patterson, R.N., *Head Nurse, Gynecology Clinic*

Vincent Memorial Hospital Report of the Chief of Staff

The statistics for the year confirm the observed fact that our facilities have, for at least the last half decade, functioned essentially at their capacity. Although inpatient admissions to the private and nonprivate units were somewhat fewer in number, this was more than offset by the patients whose treatment was effected on a transient basis. This economically encouraging trend was noticeable in last year's review. We enjoyed during the year a particularly fortunate stability of nursing personnel with a resultant high level of *esprit de corps* and quality of care. The clinics were particularly active and were used by almost as many patients as were seen in the frantic years 1972 and 1973. However, the reorganization then instituted, calling effectively on the skills of nurse clinicians, proved more than satisfactory as an answer to this added load.

This improvement in clinic logistics was also beneficial in view of the increased educational usage made of this facility. The program of training for primary physicians in the department of medicine, the pediatric and medical endocrine fellowships, and the DESAD project for the study of women exposed to stilbestrol in fetal life have all found their most efficient base of operations in the clinic setting. Formal education for medical school undergraduate students is also best conducted in this forum.

The postgraduate course annually conducted by our staff in September was again oversubscribed and uniformly praised by the students attending. As in the past, they appreciated both the limitation in numbers, which avoids overcrowding and exclusive use of didactic exercises, and the warmth of hospitality shown them by the hospital and club board members on several social occasions. It is to be noted that in addition to this, our own, course, the staff contributes significantly to at least four other postgraduate courses in gynecology, surgery, and oncology also given by the Harvard Medical School. The sum total of their more remote participation in national and international congresses, specialty meetings, and courses is too great to calculate. Their scientific publications in the last issue of the Research Booklet form a list of 31 titles, almost equally divided between clinical and laboratory science.

The size, content, and funding of our research reached an all-time high during the year. Work by Drs. McArthur and Beitins in the pituitary gonadotropins and by Drs. Richardson and McLaughlin in the steroid receptors continued, and new studies are being introduced by Dr. Crowley. The Registry program of Drs. Herbst and Scully continues to compile and publish extremely valuable information about the stilbestrol-adenosis-carcinoma syndrome. In addition, under contract with the National Cancer Institute, the DESAD project has been initiated. This offers to examine and study women known to have been exposed to stilbestrol during fetal life with the purpose of documenting in detail the detectable effects and the changes in them over a period of observation. To date, several hundred such individuals have volunteered to enter the study with the great likelihood that both they and science will benefit. Dr. Zacharias' prospective survey of the events of the menarche in a population of Newton schoolgirls is drawing to an end as the last of the group fully establishes her adult pattern. Extremely valuable contemporary information in a wealth of detail will be presented in her projected publication, which is expected to appear in three sections.

Finally I wish, as in the past, to express the appreciation of the Staff for the unflagging support of the members of the Vincent Club and for the untiring cooperation of our colleagues in nursing, in administration, and in the myriad of services that combine to make a modern hospital superb at its job.

HOWARD ULFELDER, M.D.
Chief of Staff

Vincent Memorial Hospital
Report of the Board of Managers

In a review of the Board's activities and concerns of the past year, there emerges the predominating fact that our knowledge and understanding of gynecological problems have increased considerably.

We are aware each fall of how the best and latest in knowledge is carried back and spread abroad by the doctors who come for the postgraduate course given here by a formidable faculty, who are members of our staff and that of the Massachusetts General Hospital.

In October, we had the opportunity to see a teaching film about breast cancer that is used regularly by our nurse clinician, Miss Suzanne Hudson, for the instruction of patients, their families, and friends. Certainly it was an important addition to our knowledge and responsibilities as Board members.

Our yearly hospital family coffee party took place in November, and we look forward to this time as an opportunity to welcome new staff as well as our faithful friends who give the Vincent Hospital its special characteristics of compassion and concern.

January found us listening to Miss Isabella Tighe, Patient Care Representative for the MGH, who told us of the essential service her department is giving to patients who need to understand innumerable situations that inevitably arise in the overwhelming surroundings of a large modern hospital. The regular and frequent visiting of patients in the Vincent Hospital, always a special function of this Board, renders on a smaller scale, but to a large extent, the service given by Miss Tighe. We learned, however, that we could turn to her as well, for no one person can be an adequate patient advocate; communication of needs belongs to everyone.

On January 30, we were deeply shocked by the sudden death of Mrs. C. Chauncey Gray, for twenty-five years a member of this Board, and by the death of her husband scarcely six weeks later. We are diminished not only by their passing, but by the loss of two people whose lives were examples of devotion and loyalty to each other, to the Vincent Club, and to the hospital.

It was voted that a fund for the hospital, to be administered by this Board, known as the Pauline DeFriez and C. Chauncey Gray Fund, be created in their memory.

Dr. Chiu-chen Wang, Associate Professor of Radiation Therapy at Harvard and head of Clinical Services in Radiation Medicine at the MGH, with whom the Vincent Hospital has had a long and highly valued association, enriched our understanding and raised our hopes as he spoke about the remarkable advances in radiation therapy combined where appropriate with surgery and chemotherapy. Again our knowledge has increased and our concern deepened for Vincent patients, their families, and indeed ourselves.

Three articles appeared in the MGH "Hot Line" that were not only exceptionally well written but also spread information about the towering efforts of Vincent Club members, who yearly, after ten months of rigorous activity, produce the Vincent Show, and about this hospital, that for eighty-four years has depended upon the Vincent Club for its unwavering support.

The primary concern of this Board is the welfare of the patients; another year has demonstrated their interest and loyalty.

For guidance and reassurance we turn to our Trustees and to the Vincent Club for their support and enthusiasm. To them all goes our gratitude.

HELEN C. CROCKER
(MRS. COURTENAY CROCKER)
President, Board of Managers

Report of the Department of Nursing

September 1, 1975 marked the anticipated half life of my tenure as Director of the Department of Nursing. After a careful analysis of the progress made to date in the reorganization of the Departmental structure along the lines of appropriate decentralization of authority, responsibility, and accountability, one must conclude that we are just about on target as regards the accomplishment of our programmed goals, despite the unanticipated pressures of external forces and controls. It would appear that the greatest challenge currently facing the institution is the maintenance of a supportive atmosphere that will enable its clientele — consumers and providers alike — to maintain a healthy state of equilibrium in our collective drive to meet the health-care demands placed upon us.

Despite the pressures of a consistently high census and the admission of sicker, and hence, more demanding clients and patients through our diverse portals of entry, with concomitant demands for *more* and *better* nursing service as a result of the accelerated use of sophisticated therapies and the continuous introduction of more advanced modalities of care and cure, we were able to complete the year well within the limits of our budget allocation. At this point, the maximum tensile strength of the Department's human resources has been reached and some essential decisions as to the future must be faced. At the risk of oversimplification, but in the terms of the founding fathers of this great enterprise, the question must be posed of how many eminent mentors, how many learners, and how many patients with all manner of diseases the system can afford within the given spatial and fiscal restraints and its long-term dedication to a reputation of excellence in the totality of its pursuits.

The 1974-75 turnover statistics suggest an overall state of coexistence as regards both internal and external pressures. The turnover ratio for the year is as follows: total, all categories, 36%, as compared with 73% in 1969; registered staff nurse, 37%, as compared with 72% in 1969; licensed practical nurse, 46%, as compared with 54% in 1969; and, nursing assistant, 38%, as compared with 130% in 1969. It is important to note that stringencies in the economic market place during the past few years have had a negative influence on mobility options of nursing personnel, frustrating their own ambitions. Also, these encouraging overall figures should not be allowed to cloud the internal experience of some of the respective nursing services. For example, in the White Building in this past year, a total of 222 registered nurses and licensed practical nurses moved on and off the units. The challenge of meeting the orientation and continuing education needs of this legion of employees, to say nothing of the integration of a myriad of nursing learners on the scene, and at the same time responding to the nursing-care needs of the patients remains a formidable task.

As we face the realities of 1976, our most compelling problem rests in the difficulty of developing a scheduling pattern which will permit every other weekend off for staff, a practice reportedly operative in the majority of Boston hospitals and which causes personnel to look elsewhere. Given the realities of the needed coverage for safe patient care and the budgetary adjustment to implement such a policy at this institution, the concept currently appears to be beyond the realm of reality. In January, 1975, the Department did issue a series of guidelines to guarantee equitable time-scheduling for all nursing personnel with the ultimate goal of granting the equivalent of every other weekend off, computed on the basis of weeks worked per annum. These guidelines were implemented in the spring of 1975 and were met with some opposition from those staff members who had the privilege previously of scheduling their time on the basis of personal convenience. The implementation of these guidelines was consonant with the implementation of cost-control mechanisms for the hospital at large, including the temporary suspension of the tuition aid program. The result was initiation of a petition to the Massachusetts Nurses' Association for a collective bargaining unit at the MGH. The response of the Department was forthright and honest, delineating the rights of the staff to collective bargaining negotiations under the Taft-Hartley Amendment Act of 1974 but, at the same time, describing the limitations of employee rights in a collective bargaining contract. Although some questions remain, the movement died out at an early stage.

During the past year, the Department has continued to address itself to those components of nursing practice which are currently receiving emphasis in the regulatory segment of both the public and private sector—i.e., the assessment of nursing needs, planning to meet these needs, the implementation of care plans, and the documentation and evaluation of the care given. In 1974-75, through the efforts of the service-oriented nursing practice committees and the Department's Quality Assurance Program efforts, significant progress has been made in the planning and evaluation of the quality of care rendered. We have long recognized this directional goal as a legitimate responsibility of any nursing service and we look forward to a judgment of full compliance on the next visit of the accrediting bodies.

During the year, the planned reorganization of the administrative structure of the Ambulatory Clinics Division became a fait accompli. The limitation of space in this report does not permit an adequate description of the process involved, the accomplishments attained, and the difficulties met. Suffice it to say that the Department of Nursing remains committed, on the one hand, to its interest in the development and implementation of a quality ambulatory health-care delivery system and, on the other, to its position that nurses will continue to speak for nursing and will continue to play a significant role in the decisions which control the nature and scope of their practice.

The teaching and research efforts of the Department have expanded during the past year. One item of special note is the publication of the Department's Manual of Nursing Procedures by the Little, Brown & Company of Boston. The reviews and sales have been most rewarding on both a national and international level.

A more detailed report of the Department's activities for the year will be published under separate cover, in the interest of preserving an historical document for the interested readers of the future.

I close this annual report with a vote of thanks and confidence to my staff, who have labored beyond the call of duty in our very special vineyard! I would also express our collective appreciation to the Administrative Officers and our professional colleagues who have given an attentive ear to the needs of our Department.

MARY E. MACDONALD
Director, Department of Nursing

Report of the School of Nursing

Throughout the year, the School contributed regularly to preparing various sections of the hospital's petition to seek degree-granting authority and further developed the proposal for a preservice Master of Science in Nursing program. The enormity of the task before us was matched in effort. Our belief in the quality of the present program, deserving academic recognition, lends courage to our planning for the future.

In February 1975 official notification was received from the National League for Nursing of the continued accreditation until 1981 of the School's diploma program. A decision was made in January 1975 to admit in September 1975 another class into the present diploma program. The class was filled in April 1975, with the exception of spaces saved for late applicants.

The wide range of interest in the School is reflected in the many applications received and the diversity of educational backgrounds and life experiences of those who apply, offering a richness of learning resources for students and faculty to share. The September 1975 entering class is unique in several ways, among them the larger number of men and the significantly fewer 17- or 18-year-olds, possibly because of their reluctance to wait until a definite decision could be made about the admission of a class. Entering students with post-secondary education include 7 with associate in arts degrees; 37 with up to 3 years of college; 26 with baccalaureate degrees; 2 with master's degrees; and 6 L.P.N.s. The trend toward more college graduates seeking to enter career-oriented educational programs, as in the health-related professions, and a serious dearth of programs appropriate to such candidates' educational background continue. During this past year we received 376 inquiries from college graduates seeking information or admission. They represented 148 colleges in 35 states; one came from Cambridge University, England. The changing composition of the student body and its heterogeneity necessitated ongoing adaptation of the curriculum, refining methods of assessing levels of competency achieved through prior experiences to determine eligibility for course exemptions and developing new approaches to student services and activities programs according to needs of defined groups as well as individuals. The number of men enrolled in the School increased to 27. Eleven students are parents. Approximately 68 students commute daily, some from as far as southern New Hampshire.

Federal funds received by the School for student assistance were dramatically below the amount requested and $12,000 less than that received the previous year, a result of more schools requesting more aid for more students with a net decrease in amount available per eligible student. A total of 139 students, 43 percent of the student body and 25 students fewer than last year, were awarded a total of $179,000 (approximately 80 percent Federal funds) through the Financial Aid Committee and $116,600 through state scholarships, guaranteed student loans, and basic grants. In order to supplement financial assistance from their families, their own earnings, and outside scholarships to meet expenses, more students sought guaranteed student loans through a bank, borrowing a total of $100,900, approximately $25,000 more than the previous year. Due to higher financial need the average financial-aid award was increased by $550 for the Juniors and $159 for Seniors.

Changing and differing Federal regulations for student and institutional eligibility, conditions for matching funds, needs analyses, and delayed notification of funds awarded the institution continue to compound the intricacies of planning and administering financial assistance packages for students. We recognize, nevertheless, that the financial assistance program is vital to the health of the School because it partially supports students otherwise unable to attend.

Added to stringent cost-control methods, it was necessary, after thorough study of student charges, to institute in September 1975 a $100 annual increase in tuition; $250 annual increase in room charges; a $30 increase in fees; and a $10 increase in application fee if another class is admitted.

The Media Production Center, developed with Federal capitation grant funds and housed in Palmer-Davis Library, became operational in June 1975, seven months ahead of schedule. Enthusiastic response by the faculty and expert and supportive assistance of the media staff have already resulted in creative production of learning adjuncts. Completing the cataloguing of the soft- and hardware and addressing problems of space limitations in the library and the integration of the center's operation within the broader management of learning resources will help to achieve the potential of this new facility.

Highly professional service by the Palmer-Davis Library staff and initiative in facilitating cooperative arrangements with other libraries to improve service to nurses in the Boston area contribute to the library's outstanding reputation within the School and community. Circulation has grown this year from 12,443 to 15,558 and should continue to grow as a result of an intensive book selection and processing effort. Attendance increased by 9,000; 1,025 new titles were added; 753 outdated books were discarded. The creation of a research guide for students' preparation of term papers and a slide-tape orientation to users of the library were examples of many innovations.

In relation to curriculum, some new experiences were offered: an additional unit of the Massachusetts Rehabilitation Hospital for some first-level students; supplemental experiences in mental health at the Lindemann Health Center inpatient unit and in the partial hospitalization, day program unit at McLean; alternative experiences with several obstetrician/gynecologists; and increased utilization of the complications of pregnancy and gynecological unit of the Boston Hospital for Women, Lying-In Division.

Some experiences available in the past had to be limited, suspended, or discontinued: observational experiences within the Boston Public School system, follow-up home visits, and the use of the Bunker Hill Community Mental Health/Social Service Unit and the Human Resources Institute. Decrease in Federal Capitation Grant Funds, resulting in the loss of a faculty member, necessitated limiting the number of agencies to which students were assigned.

Increased government regulation of educational institutions receiving funds for student assistance or program support was in evidence. Ambiguous or seemingly contradictory regulations in some instances compound the difficulty of compliance, administering programs, maintaining high standards, and assuring accountability to our various constituencies. Since the faculty had already initiated a study of matters related to student and faculty records, the development of a plan to ensure compliance with the Family Educational Rights and Privacy Act of 1974 (the Buckley Amendment) PL93-380 was facilitated, with legal consultation. New regulations from the Office of Education, Department of Health, Education, and Welfare for the operation of the Guaranteed Student Loan Program (GSLP) stimulated revision of the School's refund policy for tuition and other charges to meet the defined criteria for a "fair and equitable" policy.

Our sincere thanks are extended once again to the Trustees, the Administration, and the many groups and individuals within the hospital and community whose support, concern, and interest are vital to achieving our mission.

NATALIE PETZOLD, R.N.
Director of the School of Nursing

Report of the Advisory Council to the MGH School of Nursing

During the academic year 1974-1975, the Advisory Council of the Massachusetts General Hospital School of Nursing held six regularly scheduled meetings. First and foremost on the agenda for the opening meeting, held in late September, was the cordial welcoming of the two recently elected council members, Dr. Michael Anello, Professor of Education at Boston College, and Dr. Rita McCauley, Professor of Biology at Boston State College. They were assured by both the Chairman and the members present that service on the council would certainly prove to be a most satisfying and rewarding experience.

If one were asked to characterize the year 1974-1975 the descriptive terms transitional and anticipatory might well be used. It was transitional because the educational planning of the hospital, including developing a petition to seek degree-granting authority, would, if approved, result in phasing out the long established and internationally recognized diploma School of Nursing. It was recognized that while the procedures of the past certainly were valuable, the needs of the future must take priority. The many issues related to the difficulties of phasing in one program and phasing out another were discussed. The council supported the concept of not having the programs overlap but maintaining continuity of some type of professional nursing education program at the MGH.

It was anticipatory because at nearly every one of our meetings Mr. Richard Olsen, Director of Educational Planning, kept us "au courant" on the developmental progress of the embryonic education division, the various facets of the programs which would be offered, and, in particular, the proposal for the nursing program which would admit college graduates with a non-nursing baccalaureate degree and award a master's degree in nursing. The council voted to endorse the proposed nursing program in concept.

Mr. Olsen explained in detail the overall construction of the new curriculum, the engaging of an appropriate faculty and, most importantly, his relationship with the Massachusetts Board of Higher Education, the state agency which deals with collegiate authority. As of May 1975 no firm date had been set for phasing out the diploma program and instituting a new program. It certainly will be interesting to follow the progress of this new adventure in the field of nursing education during the coming years. Late in the year it was announced that a decision had been taken to admit a diploma school class in September of 1976.

Other members of the faculty who reported to the Advisory Council at various times included Miss Helen Sherwin, Coordinator of Science Instruction and Mental Health Nursing; Mr. Richard Tierney, Coordinator of Program Development and Educational Resources; Miss Yolanda Mamone, Coordinator of Student Personnel Services; Miss Audrey Brady, Coordinator of Nursing I and Nursing III, and Miss Dorothy Mahoney, Coordinator of Maternal-Child Nursing, Ambulatory Nursing, and Operating Room Nursing.

At the annual luncheon meeting of the council and faculty, Mr. Lawrence E. Martin, Associate General Director, spoke on factors influencing costs of health care and various legislative regulation mechanisms being proposed and developed to control costs.

This annual report would certainly be incomplete if special commendations were not extended to Miss Natalie Petzold, Director of the Nursing School, and to Miss Margaret Ryan, Secretary of the Advisory Council, for the most generous help they gave to the Advisory Council throughout the entire year.

MAURICE J. DOWNEY,
Chairman

Report of the Social Service Department

Again this year, October 1, 1974 — September 30, 1975, the volume of work carried by the Social Service Department was very great. A total of 30,041 patients received services. The average monthly caseload was 4,315, almost 1,000 more than last year. Patients new to Social Service during this fiscal year exceeded 20,000. Approximately 73 percent of our work was carried out with inpatients. The above figures include all patients; some have received very limited services; others very extensive services. In the inpatient group, for example, of approximately 19,000 patients who received services approximately 5,000 patients required extensive services. Complicated discharge plans were made and carried out for 4,396. Almost 60 percent of these patients, initially referred to us for nursing home care, were returned to their homes following extensive planning with home care agencies, always including the Visiting Nurse Association. We are most appreciative to these associations, particularly the Boston Visiting Nurse Association, for each year the availability of home care arrangements becomes more critical. Not only is home care generally preferable for patients, but also the lack of availability of viable nursing home and chronic hospital beds causes us to depend increasingly on home care arrangements. As in past years, the scarcity of skilled nursing home beds for patients whose medical care is paid through Medicaid has caused them to remain longer in the hospital than would have been necessary. The level of reimbursement, especially for patients requiring heavy care, is artificially low, and during the year nursing homes declared a moratorium, resulting in a clear slow-down in accepting these patients for admission.

The above is just one way that the Commonwealth's fiscal crisis has affected our capacity to assist patients to receive effective and appropriate care. Unfortunately, the projections for the coming year are more ominous and include proposals to eliminate Medicaid benefits for General Relief recipients and the medically indigent.

This Department, in concert with others in the hospital, has been increasingly aware of the need for maximal productivity and reduced costs wherever possible. Toward this end, major systems changes have been devised and carried out in our work in ambulatory care. We have developed a centralized intake system which requires fewer staff maintaining flexible schedules in order to be immediately available. We have effectively reduced the number of staff available and still have handled referrals without delay for patients. Referrals occur from all parts of the ambulatory care system and range from relatively simple requests for specific aids for patients (e.g. transportation or parking) to referrals of more complicated nature such as child abuse or very time-consuming problems such as effecting a nursing home placement. There are disadvantages inherent in this centralized system; the most striking one is the need for each unit in ambulatory care to relate to several different social workers during the course of the week. As we often see, this system has succeeded in achieving greater efficiency and increased productivity of staff, but is perhaps less effective in encouraging interdisciplinary working relationships.

A second major change in ambulatory care was instituted in October, 1974. Staff report daily all contacts with patients. This computer-based system allows us to develop profiles of the productivity of each member of the staff, of social service activities for each responsibility center of the clinics and thereby to identify costs and income generated in relation to each center. During the year, social service generated 37,177 visits with patients and/or family; 15,012 of these were fee-generating visits. One clear result of this program has been increased productivity of staff and generation of increased income.

During this period of recession and lessened benefits through Public Welfare, the funds available to the Social Service Department for the aid of patients and the funds we are able to raise from charitable trusts are most particularly helpful to meet critical needs of patients. During this year, ancillary services ranging from transportation to prosthetic devices, homemakers and nursing home payment, were provided to 17,220. (This figure does not represent the number of patients. A patient transported several times has been counted each time.) A total of $119,663 was expended. The hospital was reimbursed $58,492. We have received assistance in meeting these needs from the following groups and individuals and are most appreciative for this generosity to our patients: Lend-a-Hand Society, Lotta M. Crabtree Trust, Dorothy Boardman, Shaw Fund for Mariner's Children, John W. Boynton Fund, Charles E. Merrill Fund, Ladies Visiting Committee, American Cancer Society, Edward Bird Trust, and the I.V. Nurses. Through the generosity of Miss Gladys M. Whitehouse, the Department has this year had the additional help of the Whitehouse-Foster Memorial Fund.

Transportation of patients unable to use public means continues to be a major part of the above costs. We are in the process of renegotiating with vendors of transportation in the city to explore the most economical and efficient means and will be experimenting with new systems within the next few weeks.

The Department has continued affiliations with Boston University, Simmons, and Smith Schools of Social Work. Twenty-five graduate students from these schools participated in field experience at the Massachusetts General Hospital, Bunker Hill Health Center, and Chelsea Health Center. Two students from Middlesex Community College also received field training at the MGH.

The Assistant Director of the Department, Mrs. Alice Rogers, left the hospital after ten years to remarry and live in England. Mrs. Rogers' contributions to the care of patients, both directly and through her teaching of others, will be sorely missed. Miss Ann Daily, formerly the supervisor of the Bulfinch Unit, assumed the title and responsibility of Assistant Director in September, 1975.

From the vantage point of twenty-five years in this Department, the past year has seemed most strenuous. In brief, more patients than ever have needed assistance with fewer available resources and with new and more stringent regulations slowing the application processes when we seek help for patients. A positive aspect, however, may also be evolving. Of necessity, we stretch ourselves more each day to provide for the increasing numbers. We have searched for more efficient and less costly ways of delivering services. The staff of the Department are productive and responsive to patient needs and are weathering the changes we are initiating with, for the most part, good morale. It is perhaps to all of them that my most sincere appreciation needs to be expressed.

ELEANOR CLARK
Director

Report of the MGH-Bunker Hill Health Center

The MGH-Bunker Hill Health Center in its seventh year of service to the Charlestown community saw another increase in its rate of utilization.

Although the main thrust of the center has been patient care 365 days of the year, it has this year strengthened its evaluation efforts with the addition of Ms. Camille Orso Turner, M.P.H. Since her arrival a number of new studies are underway as well as an update on some past special projects.

Also, this year saw the revamping and expansion of our Community Advisory Board made up of seven members from the community. This Board has been extremely diligent in its duties and has been a tremendous support to the Health Center.

Patient Care

The Pediatric, Nursing, and Community Mental Health Departments have responded to the requests of the School Department for core evaluation under Chapter 766, special education law.

Also this year, because of the advent of Phase II, school desegregation in Charlestown, the Community Mental Health/Social Service Department has provided a variety of services to the parents, children, schools, agencies, and the courts in an effort to relieve some of the tension in the community.

The Medical and Nutrition services continue to expand their sessions in order to meet the increasing demand for services and to reduce the waiting time for patients.

The Dental Department, which has created a positive image of dental health in this community, has now decreased the waiting list for children to 45 days from a high in 1972 of two years. We felt a special loss this year with the untimely death of one of our dentists, Stephen St. Onge, D.M.D. His presence and dedication is sadly missed by everyone.

During the past twelve months, the Bunker Hill Health Center has expanded its collaborative programming with other community agencies on behalf of specific target populations. The cooperating agencies include the J.F. Kennedy Family Life Center, Charlestown Community Center, Boys' Club, Girls' Club, YMCA, Charlestown Courts, St. Mary's Roman Catholic Church, community churches and schools, Bunker Hill Community College, Visiting Nurse Association, Charlestown Community Council, and the Title 7 Elderly Nutrition Program.

ANDREW D. GUTHRIE, JR., M.D.
Director

Report of the MGH-Chelsea Health Center

Fiscal year 1975 was marked by an expansion of services and an increase in the population served. It was the first consecutive twelve-month period in which services were rendered from this present location. The registered population now totals 9,987. This represents an annual increase of 3,548. Total registrations continue to increase at the rate of approximately 300 per month. The same twelve-month period saw visits increase to a high of 23,460. This is an increase of 4,860.

The Center offers a wide range of health-care services to children and adults. These include pediatrics, adult medicine, children's dental services, pediatric neurology, social service, mental health, podiatry, dermatology, nutrition, gynecology, obstetrics, surgical, and speech and language. Through referral to Chelsea Memorial Hospital additional services are available in the community. Emergency ward and inpatient admissions to Chelsea Memorial are also available.

The Center is open seven days a week including two evenings. Starting in July the Center instituted a telephone coverage system for times it is not open.

Federal funding for a lead screening program for children in Chelsea ages 0 - 6 years was discontinued as of June 30, 1975. The Chelsea Health Center is making the initial screening of lead an ongoing part of its pediatric work-up. Appropriate follow-up action is taken when indicated.

As a public service to the Chelsea Youth Hockey League and Explorer Post 13, the Chelsea Health Center performed nearly 100 physical examinations.

Dental Health Week in Chelsea was concluded with a poster contest. A crowd of 700 children and parents were on hand for awards night.

The Mayor's Committee for Medical Evaluation and Development and the Advisory Committee, local consumer groups, continued to meet on a monthly basis.

The Center continued to participate in a special outreach program for alienated adolescents in conjunction with a local drug rehabilitation center. A special weekly evening session is devoted in part to taking care of medical, social, and nutritional needs of these adolescents.

Outreach programs have also produced a limited hypertension screen and breast self-examinations.

Through a Children's Service grant via North Suffolk Mental Health Association a child clinician is on site to provide some children's mental health services.

The Center also provided the medical and dental program for Chelsea Headstart. Approximately 40 preschool-age children were examined.

The Center continues to place heavy emphasis on well-child preventive care and outreach. The Chelsea Health Center is helping to perform the physical examinations on the entering kindergarten class of September 1975. To date over 100 examinations have been completed.

In addition, the Center is providing the medical assessment and any needed psychological assessment to children referred under Chapter 766. Accordingly, a full-time psychologist has been hired.

This year several projects were started dealing with older people including:

1. A once-a-week medical session at the Buckley Apartments, a 200-unit housing facility for the elderly.
2. A VISTA paramedical outreach team was trained and supervised in a joint endeavor with Chelsea Memorial Hospital. The three VISTAs did door-to-door outreach to older people in Chelsea, making referrals as needed.
3. Training seminars open to staff of other agencies regarding issues of work with older people.
4. A volunteer program to meet some of the needs of older patients which are not met by formal services.
5. Home visits to older patients.

Perhaps the most significant part of the Center's efforts under a grant for the elderly is a position in the health team identified as a case coordinator. Many of the critical issues affecting the health of an older person are not medical issues or even issues which have been traditionally defined as health related. However, without assistance in such areas older people do not get to health-care services or cannot properly maintain their health. These areas include transportation, obtaining and preparing nutritious meals, housing, socialization, and other basic, life-support activities. Without awareness of and action on these problems, health services frequently become inaccessible or irrelevant to older people. These very issues are at the heart of the responsibilities of the case coordinator.

She interviews each person over 60 when he/she first comes to the Center. She uses a form especially designed for that position to keep records and assess needs. She collects information about the person's existing "life support system," explains the basic operation of the Health Center, and gives the patient a card with her name and phone number and assures the patient that he/she can call her at any time. This has been a very important factor in increasing the accessibility of the patients to the services at the Center.

The case coordinator is also responsible for making referrals to other agencies, for dealing with any financial or medical insurance problems, and for acting as a general advocate for the patients both within the Center and to other agencies. The importance of this role to a high quality of care for older patients is apparent to everyone who has worked with the case coordinator.

The Health Center is very interested in preventing abuse and neglect. For this reason bilingual prenatal classes have been initiated. These classes are divided into three one-hour sessions on such topics as (1) pregnancy, (2) labor and delivery, and (3) child care. Approximately 60 percent of patients registered in obstetrics are in the "high risk" category. There have been 167 people registered with 115 deliveries.

DAVID CATALANO
Administrator

Report of the Medical Station at Logan International Airport

The Medical Station has continued to provide emergency care and medical direction to both the employee and transient population of this busy international airport. It remains an important educational and immunization resource for the community of world travelers in and around Boston.

Our disease-awareness patient-education activities are still in progress. To supplement the numerous telephone inquiries received daily, a series of one-page health-information sheets has been prepared for free distribution. In an informal style this educational material relates the health problems of international travel. The previously prepared short video-tape recordings known as The Medical Minute were shown regularly within the reception area of the Medical Station during the past year. The favorable patient evaluation of this latter educational effort has not coincided with our total experience. The material shown is accepted and even welcomed by patients and pre-patients, but the problems of operational maintenance and petty thievery of earphones and their attachments have not yet been solved. A fortress type of display unit may be the answer. Disease-awareness education requires personnel with a new set of responsibilities.

The planning and execution of disaster drills, including response to aircraft accidents, is a growing but still low-key responsibility of the Medical Station. Many such informational and planning meetings have been held on and off the airport. All activities are related to the growing regulatory mandates of emergency medical services. The health and health-related services of an international airport and the growing sequential federal agency regulatory functions and planning activities may require the assumption of additional leadership responsibilities by the hospital.

Thus, twelve years after its opening the Medical Station must be viewed in a larger context. The regulatory components of medical care and the increasingly successful control of infectious disease, extremes of a spectrum of particular importance to the world traveler, pose a new perspective. The development of responsive health-care programs within this unique airport enclave must be based upon many considerations including predetermined priorities.

Our exploration of the so-called Problem Oriented Visually Enriched Medical Record continues. Because the cost-benefit ratios are realistic and because pictorial input into the medical record on a universal scale is equally realistic, there will be a further development of the PROVE medical record in the coming year.

The undercurrent of violence in America during this year was reflected, in part, by the immediate response of Medical Station personnel to airport bomb threats during the year. This is another example of the ever-changing role of the health-care provider.

Interactive television for inservice nurse education was also studied again during this year. Under the direction of Professor Adolf Manoil, a course entitled "The Psychology of the Patient" was successfully completed. The teledermatology studies under the direction of Dr. Thomas P. Fitzpatrick were also completed. Acceptance and cost factors in each application were favorable. Withdrawal of funds from the larger telemedicine activity prevented further continuation of these studies temporarily. The Telecounsel program conducted by Dr. John Renner and others was also temporarily suspended.

Ambulatory services will continue to require much time and effort in order to develop the most effective systems approach to provide optimum individual human care.

KENNETH T. BIRD, M.D.
Director

Report of the Blood Transfusion Service

The Blood Transfusion Service provides total transfusion services for Massachusetts General Hospital, McLean Hospital, Massachusetts Eye and Ear Infirmary, Shriners Burns Institute, and the Massachusetts Rehabilitation Hospital. We are accredited by the American Association of Blood Banks and for almost twenty years have operated under U.S. License from the Food and Drug Administration. We function as a blood-group reference laboratory for the states of Massachusetts, Connecticut, and Pennsylvania.

The total number of red-blood-cell units transfused at the above hospitals during 1975 was 37,076 — approximately twenty percent of all blood transfused in Massachusetts and approximately one-and-a-half times the number of transfusions in the state of Rhode Island.

Our very active volunteer blood donor program has expanded each of the past eight years. Until now our emphasis has been on bringing individuals and groups to the Donor Clinic off the Gray Building lobby. In 1975, due largely to superb efforts of our Community Liaison Staff — G.A. Parkhurst, J.V. Montero, R.P. Flaherty, and S.R. Baron — we obtained 16,769 volunteer donations.

In December 1975 our new Blood Donor Mobile Unit was delivered. This 36-foot long, 11½-foot high vehicle was custom designed and includes a small reception area, registration and interview desks, four reclining donor couches, two standard blood refrigerators, and a small toilet. An onboard centrifuge permits immediate blood component preparation — i.e., fresh frozen plasma, or platelet rich plasma, and packed red blood cells. Ultimately we hope to be able to recruit 8,000 donors annually. This effort to take the hospital to the community is a first in New England.

The freezing program for both red blood cells and plasma reached record numbers in 1975. Of 37,188 units of blood entering for transfusion we froze 11,956 (32 percent). The active freezing program eliminated the need to postpone any operation due to lack of ABO and Rh compatible blood and was helpful in reducing waste of blood from outdating to a record low of 112 units. This figure of 0.3 percent outdating compares very favorably with the national average of five to twenty percent.

The HLA Histocompatibility Testing Laboratory under the able leadership of Dr. T.C. Fuller in 1975 initiated several services applicable to patients scheduled for kidney or bone marrow transplantation. Most noteworthy are mixed leukocyte tissue culture assays for evaluation of cellular compatibility between a potential graft donor and a recipient (i.e., simulates the transplant event in a test tube), new highly sensitive antibody crossmatch techniques, and diagnostic testing for isolated tissue antigens prevalent in patients with certain types of rheumatic diseases.

Mr. H.E. Warford has coordinated many of the complex activities of the Blood Transfusion Service. We have received superb help from the Volunteer Department, for which we are most grateful. We are particularly proud that Mrs. A.L. Plumer, R.N., received the I.V. Therapist of the Year Award from the American Association of I.V. Therapists. Mrs. S.Y. Pauley, R.N., was elected President Elect of the National Intravenous Therapy Association.

CHARLES HUGGINS, M.D.
Director, Blood Transfusion Service

Report of the Dietary Department

Last year's annual report was indeed but a prelude to 1975, as we responded to the unyielding pressures of the economy and the effects of a full-blown energy crisis on the American conscience. We reacted to these challenges by placing greater emphasis than ever on cost controls and management behind the scenes to meet the expectations and needs of our consumers, MGH patients and personnel.

Administrative unit coordinating dietitians continued to apply the same measures that effectively controlled previous budget estimates. There seemed to be no limit to their determination to meet each challenge with positive action. Purchases were limited by incorporating warehouse reserves into current inventories, and there was a continuous and conscientious drive to reduce waste of both time and materials. Fiscal balance within an estimated budget bore testimony to the success of these endeavors. The number of special projects during 1975 was necessarily curtailed, but in our department two were essential: the replacement of the dishmachine in the cafeterias and the installation of a laminar flow hood to facilitate infant formula preparation on Burnham 6. We continued to work on the transfer of the Phillips House food service to our management and the development plans for the Gray-7 satellite kitchen.

A relatively low turnover rate in both staff and personnel has made it possible for clinical unit coordinators to arrange for their necessary participation in these mutual efforts. Simultaneously they have continued their work with the computer tally (article published J.A.D.A., Orser, J. and Mutschler, M. 67:570, 1975) and worked on the 1975 update and the revision of the MGH Diet Manual (to be published in 1976 by Little, Brown and Co.). When summarized, their daily unit records reflect some trends in diet therapy: continued increase in the number of diet instructions and referrals (i.e., Baker Memorial — 600 in 1970, 2000 in 1975), progressive acceptance of the use of elemental diets as reflected in the number of caloric intakes (i.e., +12 percent on Surgical Service) and twice as many orders for low cholesterol, low saturated fat regimens (90 percent increase in the past five years). One decrease was noted: the bland diet category (including low roughage diets) dropped 19 percent. This is due to a current trend toward a liberalized diet in treatment of peptic ulcers and an increased popularity of high fiber diets.

Ambulatory Care Services have experienced great satisfaction and achieved much success in reaching our neighbors. The Nutrition

Clinic participated in National Nutrition Week; was involved in the Beacon Hill Civic Association Health Day; continues to work with weight groups and to provide dietary counseling four hours per week at the North End Community Health Center. The Bunker Hill and Chelsea Health Centers are actively engaged in extra-mural, community-oriented programs.

We have been especially proud of several "honors." Jane Gillis, R.D. was asked to contribute an article to the Massachusetts Dietetic Association Bulletin. "Clinical Research at the Massachusetts General Hospital" recognized the 50th anniversary of Ward 4. In May, Mrs. Valerie Knotts, R.D., Ph.D., site evaluator for The American Dietetic Association, spent two stimulating days in our department and recommended, without qualification, the reapproval of the MGH dietetic internship program. Three special honors were received this year: Mrs. Gladys Berry, Diet Aide, Phillips House, was recognized as the President of the Mass. HIEFFS (Hospital Institution and Educational Food Service Society) at their convention in Biloxi, Mississippi. Mrs. Lyn Fleming, R.D., Chairman of Nutrition, MGH School of Nursing, became the President of the Massachusetts Dietetic Association following the annual meeting of the ADA in San Antonio, Texas, and, on the same date, Miss Annie Galbraith, R.D., Associate Director, Dietary Department and Dietetic Internship, became the 51st President of The American Dietetic Association — a shining hour indeed! Their official responsibilities will add a special dimension to the year ahead. We salute them with great pride, enormous respect, and abiding affection!

We are ever mindful of our professional heritage, for from that firm base we have repeatedly met the needs of this time. We are fully cognizant of the importance of marshalling our talents now, for from this plateau we shall prepare for the future.

LOUISE HATCH, R.D.
Director, Dietary Department
and Dietetic Internship

Report of the General Services Department

It is indeed an honor to submit the report of the General Services Department for inclusion in the Annual Report of the Trustees for the first time. General Services includes Engineering and Maintenance, Building Service, Security, and Parking.

Engineering and Maintenance. The work force consists of an authorized staff of 155 people with various trade skills devoted to operating the plant, maintaining buildings and parking lots, and upgrading and altering internal space. During the fiscal year about 29 percent of the manpower was used in repairs, 31 percent in refurbishing and rebuilding the physical plant, 24 percent on new construction (including structural renovations and new equipment installation), and 16 percent on the daily operation of the plant.

Although the work force of the department remained the same as that of the last fiscal year, raises increased the payroll by about 12 percent. However, the increase was compensated by greater work output since the number of work requisitions increased from 9,610 last year to 11,163 this year.

Increased cost of utilities, construction materials and supplies, operating equipment replacement, and outside service contracts also raised our expenses. Construction work performed by our own forces at a cost of $650,000, which would have been twice as high if the work had been contracted out, compensated for some of these increases.

Building Service. To achieve the basic goal of maintaining a clean, safe, and sanitary environment and to assure better cleaning and cost control, the department is organized into two principal sections, patient care areas, and research, administrative, and outpatient areas. The following figures are a close estimate of cleaning responsibilities of patient areas.

1,084 patient units - 424,614 square feet of floor space
53,000 discharge and transfer units
22,000 operations (Cleaning is done by a specialized staff.)

Assigned to accomplish the above tasks are 146 aides and 10 supervisors.

The General Service section of the department provides 24-hour service to the hospital and is responsible for the cleaning of all administrative areas, research areas, Clinics, X-ray, School of Nursing, Shepard Gill School of Practical Nursing, and dormitories for a total of 1,204,075 square feet. In addition, this section is responsible for moving of furniture, rug shampooing, wall washing, and over 100 other functions. Nine supervisors and 185 aides are used for this phase of the Building Service operation. In addition a supervisor and 39 elevator operators are required to provide the manned elevator service.

To keep the personnel fully informed in the latest cleaning methods and use of new materials and equipment, an Inservice Educational Program is conducted. All new personnel are given a one-month training period prior to being assigned to an area, and other personnel are given review courses as new techniques are adopted.

Despite the relentless pressure imposed on the personnel from continual high census, heavy traffic throughout the complex, and added work loads resulting from alterations and new construction, the morale of the department is high, and it takes pride in the results of its constant efforts to maintain a clean, safe, and sanitary hospital environment as required by MGH standards.

Security. The Security Department has concluded a year in which significant increases were made in the protection coverage afforded to hospital personnel, patients, and visitors. The principal change this year involved the installation of a two-way radio transmitter through which a dispatcher, on desk duty 24 hours daily, has continuous contact with each member of the department, and immediate response is provided to any need for aid. A total of 61,039 such responses were made during the year, many routine but each a call for assistance.

In response to the general increase in the crime rate and its potential effect within the hospital, a photo-identification badge system was instituted this year. All employees and others who regularly work on the premises must be identified, and within established hours there is a program of visitor control and restricted building access.

The number of watchman clock stations and frequency of rounds were doubled during the year to provide better fire and safety control in all nonpatient areas of the hospital.

Parking. Parking spaces continue to be in short supply and will never be numerous enough to satisfy the demand. This year saw a continued reduction of the annual garage operation financial deficit from $315,000 last year to $80,000 this year. It is hoped to reduce this further next year, although at our present charges and parking policies we may have reached the maximum reduction possible.

In summary, during these trying times of inflation and runaway prices, General Services, with the help of the entire hospital staff, hopes to continue to provide maximum service at minimum cost.

GILBERT J. NESSOLINI
Director of General Services

Report of Management Services

The departments under Management Services support the information handling and data processing function for the hospital and/or provide expertise in a variety of technical skills to clinical and service departments and to the administration. This breadth of service is available for supporting routine operations and, as needed, to assist in special projects.

Of these departments, the most visible, in terms of function and relationship to operational (as distinct from research) activities, are the Administrative Data Processing Department and Laboratory of Computer Science, the major data processing facilities within the institution. From these two sources are drawn virtually all the technical personnel and computer hardware that are applied to the routine clinical, financial, and management data processing functions of the hospital. The Laboratory of Industrial Engineering is called upon by both the administration and individual departments when such skills as system design, work sampling, and operations research techniques can be effectively applied to evaluate procedures or changes contemplated to improve the delivery of services. Finally, the Medical Engineering Department is staffed by electronic and mechanical technicians and engineers to service and test electronic and electromechanical equipment and to advise individual departments about the availability, installation, and use of such equipment.

The primary role of the Administrative Data Processing Department is the handling and maintenance of those transactions required to produce the financial and administrative reports for routine management; increasingly, this department assists in the preparation of the multiple reports to the various agencies with whom the institution must interact. Budget processing, billing, general ledger, payroll, and accounts receivable are a sample of the major financial and management processes routinely performed. Direct access to segments of the hospital data base is available to support patient registration, medical records control, patient location, and bed census. While these "on-line" functions have been provided for several years, the PAIR System (Purchasing, Accounting, Inventory, and Reporting) became operational in 1975 as an additional on-line process to support Materials Management and Accounts Payable.

Due to the steady growth in computer support, and after a full year of planning, two significant changes occurred in 1975. In October, all data processing equipment and personnel were moved to new quarters more commensurate with the size and present needs of the department. This move, accomplished over a single weekend and with minimal disruption to routine services, included two major computer systems, all ancillary equipment, and approximately fifty people. In December, following the move, a new computer system was installed as an eventual replacement for our two existing systems; after six years, the older machines were unable to keep pace with the increased demands for computer support. Prior to the installation, a Certificate of Need Application was submitted in August and was approved by the Public Health Council in late November.

The Laboratory of Computer Science provides computer support to selected clinical departments along with significant grant supported research activities in medical infomation processing. Generally, the clinical activities are the result of previous research and development projects. Chief among these are the Chemistry and Bacteriology Laboratory reporting systems and the more recent Radiology scheduling and film file control system. During 1975, the Laboratory was an active participant in the planning for a Clinical Laboratory reporting system and initiated for the Pathology Department the development of programs for accessioning and reporting of specimens.

The activities of the Laboratory of Industrial Engineering involve the interactions among several departments and often address complex processes and relationships. The common thread is the need to apply system analysis and design techniques to the existing problems and procedures within the hospital. During 1975, the range of activities for this group has included such areas as the development of a medication distribution system for the Pharmacy; coordination of a multi-skilled effort for planning functional modifications and computer support in the Clinical Laboratory; and an analysis of the Operating Room supply and distribution system. More related to the hospital in general were the study of the elevator services and recommendations regarding the location and use of copying machines.

The primary activities of the Medical Engineering Department are the procurement, installation, testing, and servicing of all medical electronic equipment throughout the hospital. This includes patient monitoring devices on the floors or installed at the various intensive-care beds as well as the servicing of the electronic and mechanical equipment for the Departments of Surgery and Anesthesia. As part of their regular activities, members of the department certify that all electrical equipment meets established safety standards; this requires incoming inspection and rigorous testing of all electronic devices prior to installation.

The primary thrust of these four departments is, then, to provide a variety of technical services to the institution. As a continuing goal, particularly related to data processing; individuals from the staff are constantly probing for improved techniques for providing coordinated data processing services in the most effective manner. This report gives a brief background and summary of some of the major 1975 accomplishments, indicating the overall capabilities and general direction of these services.

EDWARD M. KAPLAN
Director of Management Services

Report of Materials Management

Materials Management is concerned with the purchase, storage, and movement of materials in the hospital. The process is basically economic in character, being concerned with monies paid out to suppliers and inventory. But it is also service oriented; it begins with the supplier and does not end until the material is actually consumed. As a primary goal, Materials Management must have the commodity on hand when it is needed; the second goal is to purchase, store, and transport goods at the lowest possible cost; the third, to pay the lowest possible price for purchased materials; and the fourth, to operate with the minimum inventory and other assets that are consistent with other objectives. While many departments in the hospital are involved with Materials Management, Purchasing, Receiving, Upper Store, Linen Control, Central Sterile Room (CSR), and Central Distribution actively pursue the aforementioned objectives.

This year presented a significant challenge to the Materials Management operation. The increase in patient care demanded an increase in supplies; the costs of supplies were rising, and our budgets, as well as the cash flow situation, would not allow the usual ordering and replacement procedures to continue. Meanwhile, the marketplace was liquidating inventories, causing leadtimes, back orders, and stockouts to become more frequent. We had to find ways that would allow us to purchase at the lowest cost while minimizing inventory and cash outflow per month, increasing productivity, and guaranteeing continuity of supply.

New methodologies were developed which were predicated upon the characteristics of utilization generic to a particular commodity.

Simply put, we devised contracts with our vendors that would guarantee us a fixed amount of a particular commodity to be delivered on a weekly, bimonthly, or monthly basis for a specific period of time at a specific price. The amount we received on a weekly basis, for instance, was determined by a statistical analysis of data reflecting utilization patterns of a specific commodity for the last two fiscal years.

This method of purchasing is often referred to as "systems contracting techniques." It helped in providing the necessary commodities in a less than optimal environment. Specifically, Linen Control reports this methodology increased the "inventory turn rate," total purchases divided by the inventory, significantly. Mr. James Flanagan, Manager of Linen Control, is anticipating next year's turn rate to be close to seven, which is almost a 300 percent improvement over fiscal year 1974-75. Mr. James Willis, Manager of CSR, has accomplished a 75 percent reduction in his warehouse inventories. While he feels this methodology requires a more intense vigil of his inventory, the space and capital that it frees up and the obsolescence that it reduces are very worthwhile. Mr. Frank Daley's Upper Store operation was not affected financially from an inventory standpoint. His turn rate has been running between 12-13 per year, which is as efficient as only the largest food chain. However, he believes it has benefited the Upper Store and hospital budget with the price protection he has obtained for periods as long as one year.

Unfortunately, for many of our commodities there was no data on utilization available; however, Purchasing requested all departments to order no more than a 30-day supply of any commodity wherever it was possible. Toward the end of our fiscal year, we implemented a plan to develop a data base for all our commodities that are used repetitively.

One consequence of the Systems Contract Methodology has been an increase in receivings and deliveries. Mr. Michael Abruzzese, the Department Head for Materials Management, has been able to absorb the increase through a rescheduling of staffing and coordination of vendors' deliveries with the resources of the hospital. Linen, it was decided, would be less time-consuming and of better use to hospital personnel if it were brought up in the evening when it was delivered to the hospital by the laundry service. This change in procedure has freed up the hospital elevator system and provided sufficient man hours to allow a supplemental delivery of linen to most floors again in the morning. By changing the linen delivery time, we could also rearrange the intravenous solutions delivery to capitalize more effectively on bulk purchases. Through negotiations with our vendor and coordination with the patient-care units, the cost of solutions, based on last year's utilization, was reduced by $30,000.

Our efforts this coming year will be to concentrate on expanding the systems contracting concept. This will require a great deal of information and analysis, coordination and cooperation with the patient-care units and vendors, and the development of new patterns of delivery to the patient and nonpatient units throughout the hospital.

RANDALL P. McDONNELL
Director of Materials Management

Report of the Medical Support Services

Myle Holley, David Semple, and I have spent the past year developing our understanding of the many diagnostic and therapeutic support services of the hospital under our administrative responsibility. We have also been testing the hypothesis that grouping functions logically into diagnostic and therapeutic categories, under the Medical Support Services umbrella, provides administrators greater opportunity to: discern thematic problems or opportunities which cross departmental lines within our respective areas of responsibility; inject additional administrative support into functional areas which have grown in scale and complexity; and act as catalysts between business/management and technological elements of the hospital.

While the efforts mentioned above were of principal import to us, we also participated in other changes within the hospital.

In our roles as members of the MGH administrative team, we were pleased to see certain changes in administrative process which we advocated. A plan to consider more resource requests prospectively should allow for improvement in the quality of resource allocation decisions. Similarly, progress has been made to achieve greater synchronization of the compilation and approval processes associated with the operating and depreciation budgets. To allow the hospital's administrators to be more responsive to the requirements of our areas of responsibility, administrative decentralization of routine resource approvals was accomplished. Fluctuating work loads, their corresponding changes in resource requirements, and the importance of work-load statistics for third-party reimbursement require information about units of service which is accurate for departmental, fiscal, and administrative purposes. Some progress has been made toward this goal, but more work remains to be accomplished.

In our Medical Support Service administrative capacity, we guided several successful endeavors which should improve hospital services. With the cooperation of Nursing, Pharmacy, and Industrial Engineering, a successful pilot project to establish and evaluate a Unit Dose Medication System was completed in the Vincent Burnham Building. We now have a grasp of the system's requirements of this program. Hence, future decisions about extension of the system may be made on an informed basis. A feasibility analysis was accomplished, and systems specifications are currently being completed for the development of an automated Clinical Lab reporting system. The completion of this project will finally mean that the internal work flows and reports of three major labs with the highest volumes of tests will be automated. A similar effort is underway in the Pathology Lab. While pursuing these efforts in the laboratories, we have also been seeking improvements in specimen collection and transportation components of these services.

With the assistance of the Laboratory of Industrial Engineering and Operating Room and Recovery Room personnel, computer based simulation techniques were used in a patient-flow analysis of the Operating Rooms/Recovery Rooms system. The resulting data served as the basis of a Certificate of Need Application which was approved by the Trustees of the MGH and the Massachusetts Public Health Council for four new Operating Rooms and an expanded and renovated 37 bed Recovery Room. The Operating Room/Recovery Room Project Management and Planning Group was subsequently organized and has worked carefully to develop the necessary specifications, drawings, and budget for the construction of these new facilities. The new Operating Rooms and expanded Recovery Room beds will allow scheduled surgery to be performed in a synchronous fashion with the principal work day of the hospital rather than extending into evening and night hours when the recovery rooms, patient units, and other supporting services are least capable of responding appropriately. In this same functional area, an automated Operating Room Log has been developed to provide one central source of information for patient care, scheduling, staffing, statistics, and accounting.

During the coming year, we hope to participate in and realize the accomplishment of further endeavors. One of the most difficult problems with which we have had to grapple, and with which we will have to continue to grapple, is that new services and expanded volumes of work do not coexist peacefully in the same world with fixed budgets. One of the principal challenges to us will be to reconcile this incompatibility to allow the MGH to continue to incorporate scientific and technological improvements in our diagnostic and therapeutic services, and respond to the increasing demand for the same, while living within tightly controlled and, in some instances, inflexible budget constraints.

DELANSON Y. HOPKINS
Director of Operations

Report of the Department of Pastoral Services

The MGH has long been the scene of advanced clinical theological education for clergy and seminarians, and most major medical centers in our country have chaplains who have received part of their training here. However, the pastoral care of patients and education of clergy were supported by outside foundations or churches: first, Dr. Richard Cabot and his family, then the Episcopal Church.

In October, 1974, upon the recommendation of the Trustees, the MGH Department of Pastoral Services was formed, with Chaplain Reed as its director. This step recognized the MGH's leadership in the Clinical Pastoral Education movement (now encompassing over four hundred centers throughout the world) and the importance of a ministry to patients, families, and staff in the midst of the modern, secular medical center.

The department hopes to expand, but our plans will be affected by our nation's economic situation. In the meantime, the ministry continues. We depend for faithful help upon the Archdiocese of Boston and the Marist Fathers for three enthusiastic and capable Roman Catholic chaplains; on the Associated Synagogues for the services of the Rabbi; and upon the interest and contribution of the Chaplain Residents in the MGH School of Pastoral Care, whose programs are accredited by the Association for Clinical Pastoral Education, Inc. and The Boston Cluster for Clinical Pastoral Education, Inc.

Our department in its first year has attempted to reach out into the communities from which our patients come: we send a newsletter to almost 400 clergy who call on their parishioners here; we have been assisted by clergy and lay persons of nearby King's Chapel and the Church of the Advent, who collaborate in conducting weekly services of evening prayer for our patients; and our clergy and Chaplain Residents provide consultative services for parishes, nursing homes, hospitals, seminaries, and individuals throughout eastern Massachusetts. Our chaplains serve on regional and national certification and standards committees for several organizations and provide other leadership functions expected from anyone who is part of the MGH.

The decision of the Episcopal City Mission to withdraw its support of all hospital chaplaincies in 1976 ends twenty years of financial and moral support for our ministry here. Through this action, we will lose the services of Chaplain Donald Amussen, who has been an effective and beloved Associate Chaplain for nine years.

While much remains to be done, we can express a heartfelt thanks to the Trustees, Administration, and Staff of the MGH for the continued support which we have received throughout the first year of this department's life.

THE REVEREND ALLAN W. REED
Director, Department of Pastoral Services and the
MGH School of Pastoral Care

Report of the Treadwell Library

During the last year, the Library endeavored to provide excellent service while at the same time working to effect a change in role from that of a storage house to an active information center. Use of its services — photocopy, interlibrary loan, computerized literature searching — increased by 45%. Consequently, reorganization work progressed more slowly than planned.

Collection Development

According to medical library standards, a well-balanced collection consists of about 40% books and 60% journal volumes. A check of the number of books owned revealed that volumes in two old collections no longer in the library continued to swell the total collection statistics. Instead of 15,000 books, the library actually owns approximately 7,000 books. Consequently, the collection of 32,000 volumes, 20% books and 80% journal volumes, must be considered seriously deficient.

However, because of severe space constraints and lack of objective data on the needs of our users, development of the collection has proceeded slowly and conservatively. Only texts and monographs of primary interest which have been well reviewed in a selected list of authoritative journals have been considered for purchase. Also books for subject areas noted as weak in a 1974 survey of library users have been purchased.

Unfortunately, very few new titles could be added to the journal collection, which was examined in several ways:

1) A cost study revealed that journals required to support research represented 55% of the total cost; and that only 16% of the titles cost more than 50% of the total. These titles were carefully reviewed for retention by Chiefs of Service and heads of departments, units and laboratories.

2) The year-long study of the use of pre-1930 journals resulted in the decision to retain titles used six or more times in one year.

3) The physical organization of the collection was carefully studied to provide more expansion space and efficient access to the volumes. Plans were developed to rearrange journal volumes alphabetically by actual title, to remove pre-1955 journal volumes to storage serviced by daily messenger, and to shift the entire collection to provide flexible space for two years of growth.

Service to Users

In April, the number of hours the Library was open to users had to be reduced by 22 hours in order to use staff to more effectively correct the many deficiencies in procedures and organization. However, service provided at the Circulation Desk was improved by establishing the position of Circulation Desk Supervisor to monitor and coordinate service at the Desk, photocopy service, and shelving of volumes. Flowcharting of search procedures for missing volumes and of the total interlibrary loan process has contributed to operational efficiency.

In June, an application was made for an allocation of funds from the General Research Support Grant for the salary of one full-time Librarian-Search Analyst for one year to enable the Library to conduct a pilot study on the feasibility of developing a Computerized Literature Search Service. The application was granted, the librarian was employed, and the study was begun in September. At the end of the study, we hope to be able to define the need for, the parameters of, and costs of such service.

Development of Library Improvement Program

In 1974, a program was written for a health sciences library to serve the hospital and degree-granting programs of the proposed Education Division. An improvement program was written in 1975 to deal with the immediate problems and needs of Treadwell and the potential changes necessary to merge with the Palmer-Davis Library (Nursing School) and to begin serving degree-granting programs.

A subcommittee of the Treadwell Library Committee was formed to review and revise the program, which presented a number of alternative space requirement projections. The subcommittee on the Library Program recommended that planning for the Library should be consonant with the educational goals of the MGH. The projections for "workable" space for the combined Treadwell/Palmer-Davis Libraries was recommended as the most reasonable immediate planning objective considering the severe space constraints of the MGH. Furthermore, it was recommended that space in the Bulfinch Building be seriously considered as an excellent and convenient location for the Library. The Treadwell Library Committee approved the recommendations of the sub-committee and requested that this program be presented before the governing committees of the hospital.

Conclusion

Essentially, the emphasis during this last year was on reorganization, developing services, and planning for developmental change from a static, traditional library to a modern, active health-sciences library. At the end of the year, we were ready to implement basic initial plans to increase the Library's responsiveness to the expanding information requirements of all members of the MGH health-care community.

JACQUELINE BASTILLE
Librarian

Report of the Volunteer Department

Congratulations are due the Men's Volunteer Group on their tenth anniversary. Historically, men have contributed since the beginning of the hospital; however, the service was not formalized until 1965. This year, they scored a new high with a count of 140.

There were 872 volunteers who gave 65,621 hours; of this number, 204 were students, contributing 15,380 hours. The American Hospital Association pin was awarded to 98 volunteers.

Since we have had over 60 requests for assistance with special services and studies this year, we realize more than ever how extremely important it has always been to seek out "the right volunteer for the right job." The ideal situation is when there is perfect balance between the needs of the hospital and the needs and ability of the volunteer. The achieving of this balance is one of our major goals. Here are some examples.

20 volunteers assisted James Vaccarino, Director of Legal Affairs, in an Environmental Impact Survey with Alan Voorhees & Associates, Inc. on January 20 (132 hours).

15 helped Personnel with six showings of an instructional film on self-examination for breast cancer; two showings of the American Lung Association Program, "Kick the Habit;" three sessions for a personal safety program for all employees and staff; and the Tuition Aid Program (66 hours).

12 are developing an information desk service in Cox 1.

26 were recruited for Administration to assist with the Health Fair for Beacon Hill residents on April 12 (96 hours).

2 assisted Dr. Daniel Shannon of the Pediatric Intensive Care Unit at the Annual Pediatric ICU Symposium "Trauma in the Child" on February 27 (16 hours).

46 helped Personnel by issuing new I.D. cards for employees and staff (550 hours).

9 volunteers from King's Chapel, Church of the Advent, and the MGH assisted the Reverends Carl R. Scovel and G. Harris Collingwood in conducting a summer evening chapel service the first and third Wednesdays in June, July, August, and September, 7:00-7:30 p.m. This first study was most gratifying and resulted in a weekly program to continue for the next eight months.

1 assisted Dr. Roger A. Bauman, Assistant Chief of Radiology, on Baker 1 to determine whether volunteers could assist with

patient management before and after X-ray procedures (21 hours). Volunteers are now assigned there.

4 aided Paul J. Kayne of the Department of Industrial Engineering in the Outpatient Pharmacy by conducting a survey to assess patients' reactions to service received and how to improve it (24 hours).

2 helped Suzanne Gilmore, R.N., Supervisor, involving extra dimension of nonprofessional caring for neurosurgical patients on White 11, Baker 3, and Baker 4. The 115-hour findings are being reviewed.

2 volunteers, at the request of Dr. Ronald Benz, conducted a two-week day and evening study in the Pediatric Walk-In Clinic, developing a volunteer job placement (140 hours).

Letters of appreciation were numerous and were posted on our bulletin board.

The Jessie Harding Award for outstanding volunteer service was presented to Olivia Constable at the annual Trustees' and General Director's Christmas Recognition Party, December 2, at Walcott House. In presenting the award to Mrs. Constable, Dr. Charles A. Sanders, General Director, said . . . "Twenty years ago, you brought the idea from the Ladies' Committee of the Institute of Contemporary Art of beginning a patients' service on the units to be known as the Artwagon Service. Your leadership, enthusiasm, and skill have created a most successful program." A beautiful exhibit of needlework was enjoyed by everyone.

Irving Baron was my volunteer Cochairman for the United Way Campaign this year, and 20 volunteers assisted us. They all did a superlative job.

Isabella Tighe, Patient Care Representative and a guest speaker, met monthly with twelve volunteers assisting this program.

A united effort of all groups and individual volunteers helped Ferdinand Strauss, Special Projects Director, with Bicentennial and educational tours. There were 53 tours, 957 visitors, and 37 volunteers, of whom 8 were projectionists.

We continue to provide interpreter service to assist the staff and foreign-speaking patients. Through our "on call" service, we were able to give daily interpreter service for a Chinese patient and his wife for eight weeks.

Since 1961, we have offered an educational service to directors of hospital volunteer services because there continues to be an extreme shortage of trained directors. This year, Carolyn Sideman, new Director of Hospital Volunteer Services, Beth Israel Hospital in Boston; Susan Forand, new Director of Hospital Volunteer Services, Women & Infants Hospital of Rhode Island in Providence; and Joanne Holmes, President of the Boston Board of the Y.W.C.A., were most appreciative of the staff sharing their expertise through our consultation service. Also, the staff conducted a management workshop for the members of the Massachusetts Association of Directors of Hospital Volunteer Services at Walcott House February 25. The Director conducted a workshop for Directors of Hospital Volunteers at Saginaw General Hospital, Saginaw, Michigan, with 25 attending.

We were saddened to hear of the deaths of three friends of the Department — Francis W. Hatch, a charter member of the Trustee Advisory Committee to the Volunteer Department; Edward L. Bigelow, who served on the Committee since 1969; and Gertrude Devine, a retired employee of MGH and a dedicated volunteer. They will be greatly missed.

My personal thanks to members of the Trustee Advisory Committee, the Volunteer Services Committee, Volunteers, Administration, and the Department staff for all the counsel and help they gave to me.

MARY RUTH WOLF
Director, Volunteer Department

Report of the Volunteer Services Committee

The Volunteer Services Committee began in 1970 as a committee to organize the activities of the various volunteer groups within the MGH. While continuing to fulfill this function under the able leadership of Mrs. Blackman, Coordinator, it has expanded to include representatives from the Massachusetts Eye and Ear Infirmary, McLean Hospital, and the health centers affiliated with the MGH — the North End Community Health Center, the Bunker Hill Health Center, and the Chelsea Health Center.

The Committee has met three times during the past year to exchange information and to discuss not only mutual concerns but also the different problems encountered by each of the member groups. It has become obvious that this opportunity is of value to our members. In 1971, the Committee, together with the Junior League of Boston, was instrumental in facilitating the Activity Center in Charlestown. We were glad to hear from our Charlestown representative last fall that she felt the Activity Center had been helpful in dissipating some of the tension in Charlestown relating to school busing.

We were fortunate in having as speakers this year Miss Isabella Tighe, Patient Care Representative; Mr. Theodore Bush, Administrative Supervisor of the Cox Center; and Dr. Jerome Grossman, Director of the Ambulatory Care Division. It is of the greatest interest and value to us all to learn of current activities and future plans at the MGH.

MRS. NELSON W. ALDRICH
Chairman

Report of the Ladies' Visiting Committee

The past year has been a very active and productive one for the Ladies' Visiting Committee. We have supported the Massachusetts General Hospital and its patients not only with our particular activities but also with generous monetary contributions. It is due to the enormous success of the General Store and the generosity of past members that we are able to fulfill requests that come before us.

We have seen the MGH pull in its reins through a financial crisis, and we were able to assist it by fulfilling a variety of specific requests. The scope of our support was wide and varied, but always with the purpose of improving the care or surroundings of the patients. We provided assistance here in the MGH proper and in all its satellite health centers.

We are deeply grateful to every chairman and each committee for their devoted and conscientious service through the year. I would like particularly to thank the following ladies who are retiring as chairmen: Mrs. Elizabeth Gray, from the Visiting Committee, who has so wisely seen us through a transitional period; Mrs. Peter Hunsaker, from the Flower Committee, who has so beautifully "flowered and planted" the hospital; and Mrs. Eustis Walcott, from Radiation Therapy Hospitality, who has so thoughtfully guided that superb group.

We welcomed four new members to the L.V.C.: Mrs. Edward P. Bliss, Mrs. Ellen O. Jennings, Mrs. Peter G. Robbins, and Mrs. Alice Torngren. There were no resignations. We recorded with deep regret the death of Mrs. Sherman Miles.

We were fortunate to have as our speakers: Dr. Charles A. Sanders, General Director of the MGH; Mr. Ted Bush, Administrative Director of the Cox Center; Dr. W. Gerald Austen, Chief, General Surgical Services; Mrs. Thomas Hackett, Volunteer, Chairman, Patient Care Committee; and Miss Ruth Farrisey, Executive Officer, the Clinics.

We can look forward to being called upon more and more by the MGH for our physical help and financial aid. We are obligated to the improvement of our patients' stays here by our very presence and activities within the hospital. During this period of financial stress, I am sure that we shall be asked to help fund projects that were formerly paid for by the hospital. As long as these requests are truly needed and are for the ultimate benefit of the patients, I feel that we are fortunate to have money to contribute.

The strength of this committee lies with each of us doing her part, be it large or small; and we as the L.V.C. have a vital role in the MGH.

LOUISE C. RIEMER
Chairman

1975 Financial Report of the General Store

Balance on Hand — December 31, 1974			$ 50,570.84
Cash Receipts			252,625.49
Total Receipts			$303,196.33
Expenses			
Salaries	$ 52,771.22		
Fringe Benefits	6,552.67		
Hospital Pension	475.68	$ 59,799.57	
Equipment		1,045.00	
Stock Purchased			
Outside Vendors	$153,195.02		
Upper Store	43.96	153,238.98	
Utilities		223.08	
Miscellaneous			
Postage	$ .83		
Christmas	130.00		
Maintenance	222.74		
Freight Charges	152.05		
Commonwealth of Mass. Sales Tax	4,306.08	4,811.70	
Total Operating Expenses			$219,118.33
Paid to Ladies Visiting Committee			$ 30,000.00
Balance on Hand — December 31, 1975			$ 54,078.00

SUMMARY

Receipts	$252,625.49	
Expenses	219,118.33	
Cash Gain	$ 33,507.16	
Decrease in Inventory	2,264.02	
Operating Gain for 1975	$ 31,243.14	
Value of Inventory December 31, 1975		$ 9,573.71

The fiscal year of the General Store remains on the calendar year.

ANNA P. REVERE
Treasurer

Report of the Service League

In 1976 the MGH Service League celebrates its 25th anniversary. A review of the history and evolution of the organization was published in the winter edition of the Service League Bulletin.

During the past year the officers of the Distaff Club voted to disband and to seek membership in the Service League. The Board of the Service League welcomed the suggestion, and all wives of members of the House Staff were invited to join. With the addition of 44 members from this group and 23 other new members, the total membership of the Service League is now 400. A reception was held in January to welcome the newcomers. Income from dues and contributions was $2,310.

The Reception Center for international visitors has been under the supervision of Mmes. Edward W. Webster and Howard Ulfelder. Eighty-seven visitors from 35 countries registered at the center. The Reception Center is staffed 5 days a week; 11 workers contributed 1,128 hours. Mrs. Lawrence E. Martin, chairlady of housing, reports 93 requests were made for housing; all were accommodated. Mrs. Alan Hilgenberg of House Staff housing reports 100 inquiries appropriately settled. Mmes. C. Miller Fisher and Henry Warner, chairladies of the furniture exchange, provided 57 families with furniture, necessitating 80 trips to the furniture storage. Purchases to supplement the furniture donations were made to the amount of $1,072. Visitors to the Reception Center received 96 Welcome-to-Boston kits, assembled by Mrs. Frederick T. Hurley. Chairlady Mrs. Ashby C. Moncure purchased and distributed 44 symphony tickets at a cost of $258, and tickets to sporting events costing $69. The Peabody Music Foundation contributed tickets to their concerts. Operating expenses of the Reception Center were $283.

Under the direction of Mrs. Albert C. England, Jr., chairlady, 15 concerts were given in the chapel from October to April with an average attendance at each concert of 60 patients.

Mrs. Joseph N. Lyons, chairlady of the Clinics project, reports 21 members worked 3,103 hours in 7 areas of the Ambulatory Care Division. These workers not only supplied information to the patients, but were also involved in patient care.

In 1976 the Coffee Shop committee is chaired by a member of the Ladies Visiting Committee. The Service League representative is Mrs. Alfred Kranes.

The Hospitality program chairlady, Mrs. Glenn Roberson, reported a most successful summer program; approximately 70 people were entertained at each of 5 pool parties and 3 beach parties during the months of July and August. Foreign visitors were also invited to members' homes throughout the year.

Chairlady Mrs. Oliver K. Julin reports for the Information desks: 152 questions a day at the White corridor desk and 90 questions a day at the Gray lobby information desk. The desks are staffed five days a week.

Cochairladies of the mid-winter luncheon were Mmes. Juan M. Taveras and R. Clement Darling. The luncheon was held at the Country Club in Brookline with Mrs. Elliott L. Richardson as guest speaker.

Mrs. George L. Nardi was chairlady of the Pops concert. The carrying cost of $1.00 per ticket resulted in a gift of $2,000 to the Bicentennial Committee.

In June a picnic was held once again at the home of Dr. and Mrs. Bradford Cannon in Lincoln in honor of the 25th anniversary. Staff, house staff, and foreign visitors, with their families, were invited.

To commemorate the Bicentennial year the regularly scheduled tours of the hospital were expanded. Members, under chairlady Mrs. Earle W. Wilkins, served as guides.

Mrs. R. Clement Darling presided at the annual meeting, Dr. William R. McAusland, Jr. gave a most informative speech, "Ambulance Service in Boston." Officers were elected and service pins awarded.

Mrs. Henry Warner reports approximately 100 members of the Service League have regularly scheduled assignments; their contribution is in excess of 5,000 hours.

The Service League enters its 26th year with a strong sense of accomplishment and a renewed spirit of dedication to the hospital.

ELDA JANE RAKER
President of the Service League

Dalton Scholarships

Dalton Scholar Awards will be made to young physicians for significant contributions to the advancement of medical knowledge and for individual promise for continued scholarly work. The recipients will be members of the MGH Staff and less than 40 years of age. Their research contributions leading to the award will have to be accomplished at the MGH. Each award will be for $1,000 and generally two individuals will be chosen yearly. The Committee on Dalton Scholar Awards will be appointed annually by the General Executive Committee. The Awards will be presented at the Corporation Dinner.

In addition, remaining monies in the Dalton Fund will be available for foreign travel for young MGH staff members. A maximum of $2,500 will be awarded in any year. Travel funds will be awarded to an individual whose travel would result in significant educational benefit to the individual and to the Massachusetts General Hospital. The awards will be recommended by the General Executive Committee.

Warren Triennial Prize

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

The submission of special theses or essays is no longer required for this competitive prize.

The Warren Prize Lecturers, selected for outstanding work in medical science, are nominated to the Trustees by the General Executive Committee.

In 1974 the Warren Triennial Prize was awarded jointly to Dr. Efraim Racker of Cornell University and Dr. Peter Mitchell of the Glynn Research Laboratories in England.

PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital in 1811 and its notable service over the succeeding years have been made possible in large part by generous gifts and bequests. Now, in addition, planned giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, are available — and are being used — to the mutual benefit of donors and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A cash bequest leaves a specific dollar amount.

A bequest of all or a stated percentage of the residue of an estate gives the hospital all or such stated percentage of the balance of the estate after payment of debts, taxes, expenses of administration, and specific bequests.

A bequest of a remainder of a charitable remainder trust after a life estate in a surviving spouse or other beneficiary (ies) gives the hospital all or a portion of the principal sum of such trust following the death of the spouse or other life beneficiary (ies).

A contingent bequest makes the hospital the beneficiary only in the event that other designated beneficiaries fail to survive the donor.

Should you plan to include the hospital in your will — or should you be interested in one of the types of gifts describing above — the hospital could suggest to you or your lawyer specific wording for carrying out your wishes.

Joseph C. Donnelly, Jr., Director of Development (telephone: 726-2200), would be pleased to hear from you and to provide whatever information you or your lawyer may seek.

Statistical and Comparative Tables

MGH CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1964	11,762	205,991	682	141,872
1965	13,498	210,304	696	157,252
1966	14,218	212,607	704	168,338
1967	14,504	226,207	749	176,013
1968	15,846	237,792	782	178,744
1969	15,958	236,194	780	189,133
1970	10,090	180,066	596	186,168
1971	11,640	190,738	629	203,248
1972	10,595	190,854	628	205,505
1973*	10,744	212,846	704	214,272
1974*	11,350	226,553	747	205,272
1975*	13,224	349,519**	1,153	205,092

*Statistics include Staff Clinic and School of Nursing Health Services.
**Statistics include Social Service Visits.

BUNKER HILL HEALTH CENTER
CHELSEA HEALTH CENTER

Patient Registration and Encounter Data

	Bunker Hill Health Center		Chelsea Health Center	
	New Reg.	Encounters	New Reg.	Encounters
1969	3,422	—		
1970	4,065	21,894*		
1971	3,442	46,931**		
1972	3,872***	49,605***		
1973	2,571	49,790	1,643	9,255
1974	2,436	50,914	6,200	18,600
1975	1,520	53,222	3,787	23,460

*Includes figures from first three quarters, 1970, only.
**Beginning third quarter, 1971, encounter data is an estimate based on a random sample of encounter forms for each time period.
***Includes Chelsea Health Center.

SERVICE IN-PATIENT STATISTICS

For The Years 1964-1975

								Deaths		
	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Total Number	% of Admissions	Autopsies
1964	13,850	408	508	80	149,458	11–	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12–	8,601	861	6.89	62%
1966	12,235	412	487	85	150,328	12+	8,751	891	7.28	58%
1967	11,493	409	486	84	149,028	13–	8,633	776	6.75	61%
1968	11,567	394	488	80.6	144,036	12+	8,304	752	6.50	63%
1969	11,345	381	488	78.1	138,981	12+	8,588	754	6.64	60%
1970	11,983	379	487	77.8	138,465	12–	8,858	702	5.85	50%
1971	11,876	356	481	74	130,060	12–	5,982	702	5.91	55%
1972	12,024	343	482	71	125,565	10+	N.A.*	673	5.60	54%
1973	11,424	330	509	64.8	120,683	10+	N.A.	615	5.40	52%
1974	10,850	309	509	60.7	112,825	10+	N.A.	598	5.50	51%
1975	10,891	317	509	62	115,571	11–	N.A.	618	5.67	43%

Total number of patients admitted to General Hospital from the year 1921 — 754,969
Private pediatric patients included in service category since 1963.

SEMI-PRIVATE IN-PATIENT STATISTICS

For The Years 1964-1975

1964	10,041	358	338	106	131,094	13–	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%
1966	11,671	419	389	107	152,823	13	6,596	458	3.92	64%
1967	11,005	429	389	110	156,052	14	6,627	528	4.79	62%
1968	10,884	432	404	107	158,018	14+	6,882	568	5.2	64%
1969	11,284	436	402	108	159,337	14+	6,716	570	5.05	61%
1970	11,966	455	416	109	166,170	14–	6,801	528	4.41	59%
1971	12,534	452	416	108.7	165,076	13+	6,667	487	3.88	61%
1972	13,585	468	464	100.9	171,313	13–	N.A.*	585	4.31	57%
1973	14,332	490	437	112.1	178,823	13+	N.A.	569	4.0	51%
1974	15,275	521	437	119.2	190,275	13+	N.A.	599	3.90	54%
1975	15,007	516	437	118	188,176	12+	N.A.	610	4.06	49%

Total number of patients admitted to Baker Memorial from the year 1930 — 381,442

PRIVATE IN-PATIENT STATISTICS

For The Years 1964-1975

1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13–	1,699	146	3.06	70%
1966	4,421	167	171	97	60,776	14–	1,730	156	3.53	66%
1967	4,320	173	172	100	62,794	14+	1,697	141	3.26	63%
1968	4,148	166	173	96.3	60,917	14+	1,739	164	3.9	67%
1969	4,058	158	173	91	57,603	14+	1,716	166	4.09	65%
1970	4,335	153	174	87.9	55,903	13–	2,021	140	3.22	67%
1971	4,265	142	173	82	51,870	11–	5,459	145	3.4	60%
1972	4,071	128	138	93	46,778	11+	N.A.*	116	2.85	47%
1973	4,258	134	138	97.1	49,018	11+	N.A.	134	3.1	57%
1974	4,048	134	138	97.1	48,974	12+	N.A.	123	3.0	58%
1975	4,049	136	138	98.5	49,578	12+	N.A.	126	3.11	50%

Total number of patients admitted to Phillips House from the year 1917 — 207,090
*None Available

AMBULATORY CARE DIVISION
COMPARISON OF ANNUAL STATISTICS
For Years Ended 9-30-74 and 9-30-75

	Year End 9/30/75	*Year End 9/30/74*	*Increase or (Decrease)*	*Percent Change*
Medical Clinics Complex	75,984	68,925	7,059	10.2
Psychiatric Ambulatory Care	29,587	26,367	3,220	12.2
Pediatric Ambulatory Care	16,350	10,153	6,197	61.0
Dermatology Ambulatory Care	21,638	17,820	3,818	21.4
Neuromedical Ambulatory Care	6,707	6,606	101	1.5
Surgical Ambulatory Care	19,170	18,625	545	2.9
Orthopaedic Ambulatory Care	13,617	14,557	(940)	(6.5)
Urology Ambulatory Care	5,368	5,455	(87)	(1.6)
Gynecology Ambulatory Care	7,658	8,050	(392)	(4.9)
Neurosurgical Ambulatory Care	994	1,098	(104)	(9.5)
Oral Surgery Unit	7,687	7,007	680	9.7
Nutrition Service	3,125	2,732	393	14.4
Language Unit	9,343	8,485	858	10.1
Thyroid Unit	1,724	1,688	36	2.1
Cox Ambulatory Service	7,415	7,182	233	3.2
Medical Oncology	2,018	—	2,018	100.0
Staff Service	17,532	16,733	799	4.8
Medical Social Service	8,682	9,473	(791)	(8.4)
Rehabilitation Service	438	467	(29)	(6.2)
Total Annual Visits for the Ambulatory Care Division	255,037	231,423	23,614	10.2

THE DEPARTMENT OF DIAGNOSTIC RADIOLOGY

EXAMINATIONS COMPLETED

	1975	*1974*
White 1 Unit Examinations	67,201	75,709
Baker 2, White 2, and Clinic Examinations	75,812	75,416
Private Ambulatory Unit Examinations (Baker 1)	30,623	24,677
Gray Admitting Unit Examinations	10,278	12,274
Phillips House Unit Examinations	2,377	3,176
Angiography Examinations	4,159	1,866
Neuroradiology Unit Examinations	9,311	7,146
Nuclear Medicine Unit Examinations	8,313	6,431
Operating Room and Gray 3A Day-Shift Examinations	12,733	10,209
Other	249	567
TOTAL	221,056	217,471

NOTE: 1975 examination statistics were obtained from an entirely new data source; comparison with previous summaries can therefore be only approximate.

RADIATION MEDICINE
(RADIATION THERAPY)

TREATMENTS	*1975*	*1974*
In-Patient	5,783	5,293
Eye & Ear Patients	252	42
Private Ambulatory	40,540	33,544
Betatron (B.U.)	2,031	2,816
Cobalt (B.U.)	301	—
TOTAL	48,907	41,695
Total No. of Patients Registered	1,465	1,469
Total No. of New Patients Accepted for Rx	926	1,239
No. of Old Patients Accepted for Additional Rx	464	617
Total No. of Patients Accepted for Rx	1,390	1,856
Deep X-Ray Treatments	34,437	27,273
Superficial X-Ray Treatments	12,164	11,606
Follow-Up Examination	—	5,748
Consultations	907	149
Radium and Iridium Implants	139	108
P 32 Injections	6	9

REHABILITATION MEDICINE DEPARTMENT

	1975	*1974*
Treatments given:		
Outpatient	6,642	9,085
General Hospital (Including Eye & Ear Infirmary)	16,238	22,158
Phillips House	2,813	2,599
Baker Memorial	9,628	11,086
Private Ambulatory Patients	6,224	7,508
Total Treatments given	41,545	52,436

Report of the Treasurer

In accordance with Article 5 of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1975, which has been abstracted from the auditor's report, prepared by Alexander Grant & Company, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL

BALANCE SHEET

(September 30)

ASSETS

	Combined		General Hospital		McLean Hospital	
	1975	1974	1975	1974	1975	1974
Cash	$ 2,423,147	$ 1,596,890	$ 8,206,076	$ 6,425,111	$ (5,782,929)	$ (4,828,221)
Accounts and Notes Receivable	35,182,351	33,528,507	27,314,439	26,785,192	7,867,912	6,743,315
Less: Allowance for Doubtful Accounts	(4,920,993)	(3,370,358)	(4,491,187)	(3,006,193)	(429,806)	(364,165)
Investments-At Cost (Quoted Market Value $53,869,335)	58,351,396	57,194,057	56,319,300	54,983,091	2,032,096	2,210,966
Inventory-At Cost	3,021,028	3,011,086	2,886,480	2,878,121	134,548	132,965
Prepaid Expense	527,133	419,057	518,783	413,265	8,350	5,792
Estimated Contractual Adjustments	1,048,204	1,095,067	1,073,204	1,105,612	(25,000)	(10,545)
Mortgage and Notes Receivable	200,000	454,500	200,000	454,500	—	—
Unamortized Bond Issue Expense	153,072	—	153,072	—	—	—
Construction in Progress	19,292,274	22,541,828	19,184,055	22,433,649	108,219	108,179
Land and Buildings	1,061,664	435,531	1,061,664	435,531	—	—
Buildings	77,991,313	64,302,579	68,200,988	54,836,383	9,790,325	9,466,196
Equipment	31,281,064	28,343,889	26,847,912	24,115,742	4,433,152	4,228,147
Less: Accumulated Depreciation	(33,090,326)	(30,298,314)	(27,109,348)	(24,815,763)	(5,980,978)	(5,482,551)
Land	3,859,038	3,859,038	3,403,052	3,403,052	455,986	455,986
TOTAL	$196,380,365	$183,113,357	$183,768,490	$170,447,293	$12,611,875	$12,666,064

LIABILITIES AND FUND BALANCES

	Combined		General Hospital		McLean Hospital	
	1975	1974	1975	1974	1975	1974
Current Maturities of Long-Term Debt	$ 202,580	$ 197,360	$ 151,600	$ 146,450	$ 50,980	$ 50,910
Notes Payable-Bank	11,000,000	2,000,000	11,000,000	2,000,000	—	—
Accounts Payable	4,847,388	5,620,120	4,235,198	4,749,087	612,190	871,033
Accrued Liabilities	3,529,970	2,393,117	3,215,768	2,144,709	314,202	248,408
Deferred Revenue	184,427	179,708	184,427	152,462	—	27,246
Long-Term Debt, Less Current Maturities	7,526,182	7,946,228	5,656,899	6,025,967	1,869,283	1,920,261
Reserves						
Workmens Compensation	513,554	495,816	513,554	495,816	—	—
Life Insurance	10,458	10,115	10,458	10,115	—	—
Disability Insurance	73,743	—	67,259	—	6,484	—
Accumulated Gains and Losses, and Losses on Pool Trading	20,043,735	24,789,833	19,341,281	23,839,396	702,454	950,437
Fund Balances						
General Fund	17,314,742	15,195,989	16,464,133	14,389,542	850,609	806,447
Building Fund	12,909,277	22,526,761	12,778,000	22,756,113	131,277	(229,352)
Plant Fund	72,312,327	58,287,124	65,534,105	51,590,518	6,778,222	6,696,606
Unexpended Restricted Endowment Income	2,173,324	1,997,337	2,153,688	1,977,769	19,636	19,568
Fiduciary Principal	716,198	1,315,095	711,768	1,315,095	4,430	—
Fiduciary Income	39,142	44,322	39,142	44,322	—	—
Temporary Funds	6,537,077	5,783,085	6,432,093	5,544,373	104,984	238,712
Endowment Funds	36,446,241	34,331,347	35,279,117	33,265,559	1,167,124	1,065,788
TOTAL	$196,380,365	$183,113,357	$183,768,490	$170,447,293	$12,611,875	$12,666,064

MASSACHUSETTS GENERAL HOSPITAL OPERATING STATEMENT

	Current Year October 1, 1974 September 30, 1975	Previous Year October 1, 1973 September 30, 1974
CENSUS		
Patient Days	353,325	352,074
Average Daily Census	968	965
Percent of Occupancy	89.3	89.0
(Complement Number of Beds)	1,084	1,084
INCOME		
Routine	$ 48,647,924.50	$ 42,351,801.00
Ancillary	44,259,745.02	36,077,564.62
Clinics	9,249,068.51	7,833,527.00
Emergency	2,475,751.00	2,284,228.76
Private Ambulatory	5,308,245.80	3,896,189.61
Other Patient Income	11,191,457.79	8,486,220.29
Other Non-Patient Income	10,508,663.60	8,721,864.02
Total Operating Income	131,640,856.22	109,651,395.30
DEDUCTIONS FROM INCOME		
Free Service - Hill-Burton	100,190.00	—
Free Service - Inpatients	522,364.00	758,495.31
Free Service - Outpatients	926,423.00	1,592,739.25
Medicare Allowance	2,838,086.28	847,419.63
Blue Cross Allowance	799,580.01	253,638.76
Welfare Allowance	1,791,615.00	864,166.03
W.C.A. Allowance	177,286.00	152,450.34
Courtesy Allowance	9,129.00	35,236.42
Miscellaneous	140,547.36	(6,702.96)
Provision for Doubtful Accounts	2,478,059.29	1,254,642.42
Total Deductions from Income	9,783,279.94	5,752,085.20
NET OPERATING INCOME	121,857,576.28	103,899,310.10

	Current Year October 1, 1974 September 30, 1975	Previous Year October 1, 1973 September 30, 1974
EXPENSES		
Salaries & Wages (Nursing)	17,444,630.81	15,500,342.11
Salaries & Wages (Other)	54,614,423.87	46,927,534.62
Supplies	18,173,979.23	15,970,802.02
Outside Services	4,552,007.22	4,473,759.16
Depreciation	3,906,510.87	3,649,125.37
Other Expenses Including Interest	24,955,145.72	19,181,734.56
Total Expenses	123,646,697.72	105,703,297.84
OPERATING SURPLUS OR (DEFICIT)	(1,789,121.44)	(1,803,987.74)
OTHER INCOME		
Treasurer's Income	1,837,426.62	1,736,190.34
Less - Treasurer's Expense	310,563.35	252,804.93
NET TREASURER'S INCOME	1,526,863.27	1,483,385.41
SURPLUS OR (DEFICIT)	($262,258.17)	($320,602.33)

THE MASSACHUSETTS GENERAL HOSPITAL
GENERAL HOSPITAL AND MCLEAN HOSPITAL COMBINED
STATEMENT OF CHANGES IN FINANCIAL POSITION
UNRESTRICTED FUND

(For years ended September 30)

	1975	1974
Funds Provided		
Loss from operations	$(1,271,078)	$(1,588,405)
Charges to operations not requiring funds		
Provision for depreciation	4,404,939	4,100,950
Nonoperating revenues, net of associated expenses	1,036,997	1,027,950
Funds provided from operations and nonoperating revenues	4,170,858	3,540,495
Gifts and bequests	2,410,815	921,304
Mortgage assumed	—	225,000
Restricted building funds transferred	2,928,395	4,091,019
Plant funds provided by restricted funds	1,406,994	1,015,982
Collections of notes receivable	254,500	—
Decrease in working capital	5,002,622	4,681,866
	$16,174,184	$14,475,666
Funds Applied		
Additions to construction and plant - net	$14,965,225	$13,781,729
Purchase of non-current assets	626,133	435,531
Decrease in long-term debt	420,046	258,406
Unamortized bond issue expense	153,072	—
Other	9,708	—
	$16,174,184	$14,475,666

	1975	1974
Changes in components of working capital		
Increase (decrease) in current assets		
Cash	$ —	$ (179,396)
Accounts receivable - net	323,384	1,913,811
Investments	4,385,337	—
Inventory	9,942	846,329
Prepaid expenses	107,169	(80,018)
Estimated contractual adjustments	(46,863)	1,536,716
	4,778,969	4,037,442
(Increase) decrease in current liabilities		
Current maturities of long-term debt	(5,220)	(78,270)
Notes payable to bank	(9,000,000)	1,000,000
Loans from investment pool	(6,900,000)	(3,000,000)
Due to (from) other funds	6,492,469	(6,007,766)
Accounts payable	772,732	16,748
Accrued liabilities	(1,136,853)	(658,622)
Deferred revenue	(4,719)	8,602
	(9,781,591)	(8,719,308)
DECREASE IN WORKING CAPITAL	$(5,002,622)	$(4,681,866)

McLean Hospital

OPERATING STATEMENT

(For year ending September 30, 1975)

CENSUS	1975	1974
Patient Days	95,077	96,087
Average Daily Census	260	263
Percent of Occupancy	81%	82%
Number of Beds Available	320	320
INCOME		
Room and Care	$12,862,600	$10,808,678
Day and Night Care	781,741	646,661
Outpatient Clinic	589,920	544,500
Other Patient Income	2,035,686	1,524,473
Other Nonpatient Income	884,001	785,032
TOTAL OPERATING INCOME	17,153,948	14,309,344
DEDUCTIONS FROM INCOME		
Free Service — Inpatients	383,723	414,488
Free Service — Day and Night Care	25,565	20,038
Free Service — Outpatient Clinic	246,850	257,643
Medicare Allowance	68,278	41,625
Blue Cross Allowance	37,297	(16,159)
Courtesy Allowance	530	2,131
Provision for Doubtful Accounts	278,834	156,719
TOTAL DEDUCTIONS FROM INCOME	1,041,077	876,485
NET OPERATING INCOME	16,112,871	13,432,859
EXPENSES		
Salaries and Wages (Nursing)	3,916,441	3,534,543
Salaries and Wages (Other)	7,093,775	6,202,544
Total Salaries and Wages	11,010,216	9,737,087
Supplies	916,543	1,158,333
Outside Services	1,274,419	864,076
Depreciation	498,424	451,825
Other Expenses	2,426,818	1,487,245
TOTAL EXPENSES	16,126,420	13,698,566
OPERATING SURPLUS OR (DEFICIT)	(13,549)	(265,707)
OTHER INCOME		
Treasurer's Income	131,629	80,919
Less Treasurer's Expense	28,810	98,009
NET TREASURER'S INCOME (DEFICIT)	102,819	(17,090)
NET SURPLUS OR (DEFICIT)	$ 89,270	$ (282,797)

MASSACHUSETTS GENERAL HOSPITAL
STATEMENT OF FUND EXPENDITURES

	October 1, 1974- September 30, 1975		October 1, 1973 - September 30, 1974	
RESEARCH FUND EXPENDITURES				
Contract				
Salaries & Wages	$1,855,151.95		$1,262,234.95	
Supplies & Expenses	1,944,776.29	$3,799,928.24	1,503,083.54	$2,765,318.49
Gifts & Grants				
Salaries & Wages	$7,126,062.31		6,021,850.49	
Supplies & Expenses	8,290,143.36		6,723,771.60	
	15,416,205.67	15,416,205.67	12,745,622.09	12,745,622.09
Misc. Income	(1,843,849.11)		(1,281,091.08)	
Net Expense	$17,260,054.78		$14,026,713.17	
Training Grants				
Salaries & Wages	$2,311,756.39		$2,322,137.79	
Supplies & Expenses	747,939.07		690,507.77	
	$3,059,695.46	3,059,695.46	$3,012,645.56	3,012,645.56
OTHER FUND EXPENDITURES				
Contract				
Salaries & Wages	$ 650,619.81		$ 537,275.27	
Supplies & Expenses	2,105,677.61	2,756,297.42	1,749,090.23	2,286,365.50
Other Special Purpose Funds				
Salaries & Wages	$1,674,005.24		$1,520,299.24	
Supplies & Expenses	1,420,529.86		1,321,197.72	
	$3,094,535.10	3,094,535.10	$2,841,496.96	2,841,496.96
Misc. Income	1,618,146.46		1,422,574.89	
Net Expense	$1,476,388.64		$1,418,922.07	
Total Fund Expenditures		$28,126,661.89		$23,651,448.60

THE MASSACHUSETTS GENERAL HOSPITAL GENERAL HOSPITAL AND McLEAN HOSPITAL PRINCIPAL AND TEMPORARY FUNDS

(September 30, 1975)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUND

	PRINCIPAL
FOR ANY HOSPITAL PURPOSE	$16,464,133

ENDOWMENT FUNDS

FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos.	$10,000
FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	27,534
ARTHUR W. ALLEN RESIDENTS' TEACHING FUND Under the direction of the Chief of the Surgical Service.	62,187
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital purpose.	80,283
LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	118,241
CAROLINE BUTLER ATWOOD FUND Income for any Hospital purpose.	51,000
HENRY K. BEECHER RESEARCH FUND Income to be used for anesthesia research or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	168,063
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,041

	PRINCIPAL
WILLIAM APPLEBAUM FUND Income for improvement of medical care under the direction of Chief of Medical Services.	48,439
ARCHIVES, PICTURES, AND HISTORICAL RELICS FUND The income of which shall be used for the continuous and better care of hospital archives, pictures, and historical relics pertaining to both the General Hospital and the McLean Hospital.	8,167
JOHN ASHTON FUND For diseased and wounded soldiers.	65,186
DR. EDWARD CARLETON ATWOOD FUND Income for any hospital purpose.	627,654
JOSEPH C. AUB FUND Income to be spent for cancer investigation.	22,450
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	776,781
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital — but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	11,480
GERARDO M. AND LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	39,148
JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopaedic Service.	59,135
HENRY K. BEECHER HONORARY LECTURESHIP FUND Under the direction of the Chief of the Anesthesia Service.	10,879
DR. EDWARD BENEDICT FUND For thoracic surgery and endoscopy under the Chief of the Surgical Service.	8,841
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000

	PRINCIPAL
EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	87,839
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,094
MILDRED S. AND MORRIS BURSTEIN FUND Income for cardiac research.	10,878
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	51,505
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service. Gift of American Association of Hospital Social Workers.	1,010
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of surgical pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000
CANCER RESEARCH ENDOWMENT FUND For research in Cancer.	354,757
IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	22,380
FRANZ WEBSTER CARTER FUND Income for any Hospital purpose.	2,904,051
EDWIN F. AND LOUISE CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopaedic Surgery Service.	126,331

	PRINCIPAL
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	7,013
ETHEL WALCOTT CHASE MEMORIAL FUND Income to be used as may be deemed best by the Advisory Committee of the Social Service Department.	1,000
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Drs. Walter Bauer, Chief of the Medical Service and James Jackson, Professor of Clinical Medicine 1951-64; income to be used for research work on chronic diseases in the Medical Department.	1,092,883
EDWARD D. CHURCHILL FUND Income to be used for the benefit of the Surgical House Staff.	25,007
CLINICAL LABORATORY FUND Income for clinical laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000
CONNECTING BUILDING FUND Income for connecting building.	10,000
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital.	391,050
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the MGH School of Nursing.	248,086
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452
CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	10,000
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness, especially the aged who have been accustomed to gentle care."	10,000
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.	35,500

		PRINCIPAL
CHESTER H. DAVIS FUND		20,000
Income for "the care, maintenance and medical treatment of crippled and deformed children between the ages of six months and ten years."		
DR. WALTER J. DODD MEMORIAL FUND		32,620
Income for X-ray investigation.		
BESSIE ROCHESTER EDWARDS MEMORIAL FUND		66,164
Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America.		
Gifts of		
Trustees of The Bessie Rochester Edwards Memorial Foundation	$55,914	
Disabled Ex-Servicemen's Exchange, Inc.	10,250	
EDWARDS MEMORIAL FUND		4,639
Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.		
JOHN W. ELLIOT FUND		20,214
Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.		
ISABELLA H. ELLISON FUND		89,753
Income for the general purposes of the Baker Memorial.		
SARAH POTTER EVARTS FUND		1,399
For psychiatric work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.		
EYEGLASS FUND		2,282
For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only — preferably for West End children.		
DR. NATHANIEL W. FAXON FUND		5,000
Income only to be used for the support of the Archives, the *MGH News*, or some similar publication.		

	PRINCIPAL
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients of Massachusetts General Hospital and to assist needy crippled or deformed patients of said hospital in adapting to the use of therapeutic appliances as directed by the Social Service Department.	164,584
NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	6,520
FREE BED FUNDS Income for free beds. Sundry Gifts and Bequests.	4,897,448
GEBBIE FUND For support of teacher investigators under the direction of the Chief of the Orthopaedic Service.	514,035
GENERAL SURGERY FUND Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	51,596
MRS. JOHN CHIPMAN GRAY FUND For the purchase of books in foreign languages for the use of patients.	1,000
ALLAN W. HAMILTON FUND For medical services in the Outpatient Department.	2,027
ABIGAIL R. HAZELTINE FUND Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000
ISABELLE ORAM HERTELL FUND For maintenance, support, and improvement of the hospital, or of its services, or in the interest of the public health.	34,175

	PRINCIPAL
WILLIAM HILTON FUND "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,054
CHARLES W. HOLTZER FUND Income for general research work.	41,667
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry gifts and bequests.	5,475,394
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes. Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797
CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	71,218
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,614
PHILIP C. JOSLIN MEMORIAL FUND Income for research in Parkinson's Disease.	8,080
VARAZTAD H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	690,057
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a free bed for women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	46,025
JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the laboratories the best possible research men with an interest in mental retardation.	500,000
EMMA GILDERSLEEVE LANE FUND For cancer research "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000

	PRINCIPAL
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of nurses in the Hospital.	5,000
JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000
MALLINCKRODT FUND Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	2,398,561
FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	10,200
CAPTAIN MARTELL FUND "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND Income for Graduate Nurse Scholarships. Gift of Miss Annabella McCrae.	517
MARY LOU McCARTHY MEMORIAL FUND Income for education and research in radiation medicine.	12,372
ADELAIDE McCLELLAND FUND Income for any hospital purpose.	13,387
JAMES HOWARD MEANS FUND To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150
MEDICAL ONCOLOGY DIRECTOR'S FUND To support the Director of Medical Oncology.	366,503
JAMES C. MELVIN FUND Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons, particularly the young, who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811

	PRINCIPAL
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189
VALERIE VEASY MILLER FUND Income for any hospital purpose.	500,000
ALBERT G. MITCHELL FREE BED FUND Income for the treatment of cancer with non-obligatory suggestion that use of the bed to given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,374
MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	77,675
MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	88,165
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,321
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,367
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,717
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,279

	PRINCIPAL
ROBERT BAYLEY OSGOOD LECTURESHIP FUND For an annual lectureship in Orthopaedics.	2,500
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530
OUTPATIENT DEPARTMENT FUND Income for needy patients.	14,105
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,241
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855
ELIZABETH ANNE PETERSON MEMORIAL FUND Income to further the work of the Neurological Service.	20,678
PHILLIPS HOUSE NURSES LOAN FUND Income for loans to Phillips House nurses.	2,690
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH Income for investigation — *First:* Of the cause, treatment, and prevention of recurrence of urinary stones, and *Second:* Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051
JOHN REDMAN FUND Income for any purpose except erection or repairs of buildings.	455,113
EDWARD PIERSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery —" Gifts of Dr. Richardson's sons in memory of their father.	15,000

	PRINCIPAL
JOHN FYFFE RICHARDSON MEMORIAL FUND Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. Five percent of income to be added to principal each year until the fund reaches $400,000.	36,353
MAURICE HOWE RICHARDSON FUND Income for surgical research, as recommended by the Chief of the General Surgical Staff.	40,400
RICHARDSON TUBERCULOSIS FUND "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson.	276,142
MARIAN MAHIN ROBB MEMORIAL FUND Income for cancer research.	15,044
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,815
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,767
CARTER R. AND MARY M. ROWE ORTHOPAEDIC TEACHING FUND Income to support teaching and educational opportunities in the Orthopaedic Service	52,000
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children." Bequest of Philip L. Saltonstall.	5,000
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,092,288
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	42,405
CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000
GEORGE C. AND ANNIE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000

	PRINCIPAL
WALTER K. SHAW, JR., MEMORIAL FUND For medical oncology under the direction of the Chief of the Medical Service.	20,005
SHEPARD-GILL SCHOOL Income for operating Louise A. Gautzbach, Sophie K. Rousmaniere and Helen Storrow Endowment Fund under the direction of Director of School.	138,387
SHEPARD-GILL SCHOOL Armenia Young Endowment Scholarship Fund under the direction of Director of School.	5,000
SHEPARD-GILL SCHOOL Shepard-Gill Revolving Loan Fund under the direction of Director of School.	4,804
TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,970
ELSIE SKOLNICK MEMORIAL FUND Income or principal can be employed by Trustees to promote Hospital purposes or functions. Fund under direction of the Chief of Staff of the Vincent Memorial.	11,000
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	19,056
BARBARA AND MARSHALL SLOANE CANCER FUND Income for research in radiation medicine under the Chief of Radiation Medicine.	4,235
SMITH-PETERSON FOUNDATION FUND To provide medical and surgical care of indigent persons and for research in orthopedics under the direction of the Chief of the Orthopaedic Service.	219,110
SOCIAL SERVICE FUND Income for Social Service.	134,015
REBECCA W. SPINDLER FUND Income for Hodgkin's Disease under the direction of the Huntington Memorial Laboratories.	8,299

	PRINCIPAL
CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,021
HOWARD W. AND ELIZA (PEASE) SPURR FUND Income for general purposes.	180,017
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	7,769
ROBERT H. STEVENSON MEMORIAL FUND Income to be spent by the Trustees on recommendation of the Chief of Surgical Service for maintenance and upkeep including equipment and alterations of the areas designated as the Robert H. Stevenson floor (3A) of the Gray Building.	70,000
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	19,595
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	4,040
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	6,613
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	41,038
TREADWELL LIBRARY FUND Income for the Treadwell Library.	8,785

	PRINCIPAL
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753
WALTER F. AND MABEL E. UNDERWOOD FUND Means for medical research for the care and prevention of children's diseases, particularly cancer.	115,493
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000
BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938
VOLUNTEER DEPARTMENT FUND Income to further the work of the volunteer services.	3,616
FRANCIS KNOWLES WARREN FUND Income for the general purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren	30,100
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,574
WETHERILL FUND Income to be used for the Wetherill Awards to graduates of the Massachusetts General Hospital School of Nursing.	2,000
EDWIN S. AND RUTH M. WHITE FUND Income for the support of Oncology.	31,346
GEORGE ROBERT WHITE FUND To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury.	4,119,818

		PRINCIPAL
GEORGE ROBERT WHITE FUND		127,629
"Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White.		
DR. JAMES C. WHITE NEUROSURGICAL FUND		1,918
Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.		
WHITEHOUSE-FOSTER MEMORIAL FUND		20,311
Income to be used by the Social Service Department for needy patients under the Director of Social Service.		
GEORGE WIGGLESWORTH FUND		64,518
Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.		
DR. RALPH H. WILLIARD III SURGICAL RESIDENTS' FUND		10,872
Income to be used for the Surgical Residents at the MGH under the direction of the Chief of the General Surgical Services.		
WOODEN LEG FUND		7,600
Income for wooden legs and other devices for diseased and injured legs.		
Bequest of Nathaniel I. Bowditch	$5,000.00	
Sundry Gifts	2,600.00	
TOTAL ENDOWMENT FUNDS		34,678,490

FIDUCIARY FUNDS

	PRINCIPAL
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	8,930
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C.H.W. Foster.	15,000
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375
SARAH PROCTOR JOSLIN FUND Income to be expended by the Ladies' Visiting Committee for books and other articles.	1,000
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. Given by "Her Family and Friends."	14,329
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND Income to be used as directed by vote of the Committee created under the Deed of Gift.	485,806
FANNIE NEWALL SIMES FUND Income payable to a life interest. Gift of Miss Olive Simes.	20,000
ANNIE NORTON WARD FUND For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000

	PRINCIPAL
WARREN PRIZE FUND Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,890
KATHARYN HOYT WATSON FUND For use of the Ladies' Visiting Committee.	1,000
SUSPENSE AND SPECIAL FUNDS	22,809
TOTAL FIDUCIARY FUNDS	$ 587,139

BUILDING FUNDS

GENERAL HOSPITAL	$12,778,000
TOTAL GENERAL HOSPITAL PRINCIPAL FUNDS	$64,507,762

McLEAN HOSPITAL FUNDS
GENERAL FUND

	PRINCIPAL
For any hospital purpose	$850,609

ENDOWMENT FUNDS

EDWARD STANLEY ABBOTT MEMORIAL FUND For scientific investigation at McLean Hospital.	$10,000
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment, or occupation of patients.	21,135
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	6,872
MARION IRELAND BENTON TRUST Income for geriatric research.	42,500
MARION IRELAND BENTON TRUST Income for research and treatment of youngest patient group.	42,500
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118
ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,076
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	11,005
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	$356,220
CLARA McALLISTER GWALTNEY MEMORIAL FUND The income to be used by the Appleton Treatment Center for the needs of the patients.	10,000
EMILY MILLIKEN HALE MEMORIAL FUND To expedite the study of the nature and treatment of mental disorders.	154,500

	PRINCIPAL
INCOME UNRESTRICTED FUNDS Income for any hospital purpose. Sundry Gifts and Bequests.	171,205
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing.	34,637
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	24,285
TOTAL ENDOWMENT FUNDS	$987,053

FIDUCIARY FUNDS

MARION WETHERHILL ABBOTT MEMORIAL FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbott.	$179,930

BUILDING FUNDS

McLean Hospital	$131,277
TOTAL McLEAN HOSPITAL PRINCIPAL FUNDS	$2,148,869
TOTAL PRINCIPAL FUNDS	**$72,642,019**

TEMPORARY FUNDS

GENERAL HOSPITAL FUNDS

ENDOWMENT FUNDS	$1,977,769
FIDUCIARY FUNDS	44,323
SPECIAL PURPOSE FUNDS	4,849,953
OTHER	692,420

McLEAN HOSPITAL FUNDS

ENDOWMENT FUNDS	19,568
SPECIAL PURPOSE FUNDS	238,711
OTHER FUNDS	—
TOTAL TEMPORARY FUNDS	**$7,824,744**

SUMMARY

TOTAL PRINCIPAL FUNDS	$ 72,642,019
TOTAL TEMPORARY FUNDS	7,824,745
FUNDS INVESTED IN PLANT	58,287,124
GAINS	727,173
TOTAL OF ALL FUNDS	**$139,481,061**

THE MASSACHUSETTS GENERAL HOSPITAL

GIFTS AND BEQUESTS

(For year ended September 30)

PRINCIPAL FUNDS

GENERAL HOSPITAL FUNDS

GENERAL FUNDS

	PRINCIPAL
For Any Hospital Purpose	
Bequests	$ 411,618.37
Gifts	103,117.00
	$ 514,735.37

ENDOWMENT FUNDS

The Arthur W. Allen Residents' Teaching Fund		
In memory of Dr. Douglas Thorpe	10.00	
Gifts	2,020.00	$ 2,030.00
Baker Memorial Fund		
Bequest of Emily Newsholme Estate	13,000.00	
Bequest of Mabel L. Parker	33,031.52	46,031.52
Henry K. Beecher Honorary Lectureship Fund		
Gift		25.00
The Edward F. Bland Fund		
In memory of Mr. Nathan Cohen	25.00	
In memory of Mrs. Elizabeth McNeilly	10.00	35.00
Cancer Research Endowment Fund		
In memory of Mr. J. Lothrop Motley		225.00
Franz Webster Carter Fund		
Bequest of Franz W. Carter		509.66
The Edwin & Louise Cave Travelling Fellowship Fund		
Gifts		5,466.34
The Isabelle Oram Hertell Fund		
Gift		8,414.50
Income Unrestricted Funds		
Bequest of Maurice H. Klaus		2,500.00
Philip Joslin Memorial Fund		
In memory of Philip and Dorothy Joslin	50.00	
Gift	150.00	200.00

Varazted H. Kazanjian Fund		
Bequest of Lilian Egleston	654,127.04	
In memory of Dr. Varazted H. Kazanjian	30.00	
Gifts	900.00	655,057.04
Francis Cogswell Manning Fund		
Bequest of Annie F. Selfridge		7,664.16
Adelaide McClelland Fund		
Bequest of Adelaide McClelland		13,387.36
Valerie Veasey Miller Fund		
Bequest of Mrs. Valerie Veasey Miller		500,000.00
Mitton Fund		
Gift		13,425.00
Mixter Fund		
Gifts		600.00
Robert Bayley Osgood Lectureship Fund		
Gift		2,500.00
Outpatient Clinic Fund		
Gifts		1,100.00
John Fyffe Richardson Memorial Fund		
In memory of Miss Michele Terri Abrams	682.00	
In memory of Mr. Joseph Coughlin	1,461.00	2,143.00
Carter and Mary Rowe Orthopaedic Teaching Fund		
Gifts		53,654.56
Richard Saltonstall Director of Medical Oncology Fund		
Gift		56,787.50
School of Nursing Scholarship Fund		
Bequest of Inez M. Jones	300.00	
In memory of Miss Marguerite H. Eichler	110.00	
In memory of Mr. Thomas Kerrigan	10.00	
In memory of Mr. Cornelius Tierney	309.00	
In memory of Miss Helen Wood	125.00	854.00
Terry Shuman Memorial Fund		
In memory of Mr. Terry Shuman		50.00
Elsie Skolnick Memorial Fund		
Gift		2,000.00
Barbara and Marshall Sloane Cancer Fund		
In memory of Mrs. Sonya Fried	5.00	
In memory of Mr. Morris Lipman	5.00	
In memory of Mrs. Marion Lunin	10.00	
Gifts	45.00	65.00

Smith-Petersen Foundation Fund		
Gift		353.62
Social Service Fund		
Gift		500.00
Rebecca W. Spindler Fund for Hodgkins Disease		
In memory of Mr. David R. Muccini	259.00	
In memory of Mr. Roger W. Sawyer	60.00	
In memory of Miss Isabelle Zannino	10.00	
Gifts	825.00	1,154.00
Dewey D. Stone Fund		
Gift		4,600.00
George N. Talbot Fund		
Gift		5.00
Treadwell Library Fund		
Gift		225.00
Thyroid Laboratory Fund		
In memory of Mrs. Sophie M. Deraney		25.00
Unrestricted Free Bed Fund		
Bequest of Mary E. Lamson	2,280.19	
Bequest of Mrs. Alice M. Wentworth	1,400.00	3,680.19
Volunteer Department Fund		
Gifts		142.00
Edwin S. and Ruth M. White Fund		
Gift		31,581.68
George Robert White Fund		
Bequest of George Robert White		50.00
Whitehouse-Foster Memorial Fund		
Bequest of Mr. Benjamin F. C. Whitehouse		5,310.56
Dr. Ralph H. Willard III Surgical Residents Fund		
Gifts		110.00
		$1,422,461.69

BUILDING FUNDS

Burn Unit - White 12		
Gifts		$ 220.00
Cancer Center		
Bequests	157,127.89	
Gifts	1,104,788.51	1,261,916.40

Gray Building		
Gifts	1,098,732.29	
Grants - U.S. Government	44,791.12	1,143,523.41
Miscellaneous Building Funds		
Bequest	500.00	
Gift	25,000.00	25,500.00
		$2,431,159.81

McLEAN HOSPITAL FUNDS

GENERAL FUNDS

For Any Hospital Purpose		
Bequests	5,504.44	
Gifts	5,227.72	$ 10,732.16

ENDOWMENT FUNDS

Marion Ireland Benton Trust for Geriatric Research	
Bequest of Marion Ireland Benton Trust	$ 42,500.00
Marion Ireland Benton Trust for Research & Treatment of the Youngest Patient Group	
Bequest of Marion Ireland Benton Trust	42,500.00
Clara McAllister Gwaltney Memorial Fund	
Gift	10,000.00
Free Beds Fund	
Gift	7.00
	$ 95,007.00

BUILDING FUNDS

Children's Center	
Gifts	$ 107,115.58
Psychobiological Research Center	
Gifts	355,692.13
Upham House	
Gift	15,000.00
	$ 477,807.71
TOTAL PRINCIPAL FUNDS	$4,951,903.74

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

Current Expense Fund		
Bequest of Caroline E. Chickering	19,560.77	
Gift	25.00	$ 19,585.77
Miscellaneous Funds		
Gifts		$ 30,986.74

FUNDS FOR SPECIAL PURPOSES

Bequests	90,155.26	
Gifts	2,455,266.99	
Grants-Government	18,023,495.00	
Grants - Foundations	658,773.25	$ 21,227,690.50

McLEAN HOSPITAL FUNDS

FUNDS FOR SPECIAL PURPOSES

Bequests	18,432.94	
Gifts	67,038.02	
Grants - Government	2,338,784.22	
Grants - Foundations	7,500.00	$ 2,431,755.18
TOTAL INCOME FUNDS		$ 23,710,018.19

SUMMARY

Total Principal Funds	$ 4,951,903.74
Total Income Funds	23,710,018.19
TOTAL GIFTS & BEQUESTS	$ 28,661,921.93

G. LAMAR CRITTENDEN
Treasurer

One Hundred and Fifty-Eighth Annual Report

of

THE McLEAN HOSPITAL

A Division of
MASSACHUSETTS GENERAL HOSPITAL
1975

Belmont, Massachusetts

MASSACHUSETTS GENERAL HOSPITAL
McLEAN HOSPITAL
OFFICERS OF THE INSTITUTION, 1976

President
Lloyd D. Brace

Vice-President
Henry R. Guild

Treasurer
G. Lamar Crittenden

Secretary
William A. Waldron

Assistant Treasurer and
Assistant Secretary
Orrin G. Wood, Jr.

Trustees

1947 John E. Lawrence, *Chairman,* 177 Milk Street 02109
1962 Francis H. Burr, 225 Franklin Street 02110
1963 George Putnam, 265 Franklin Street 02110
1968 G. Lamar Crittenden, 100 Federal Street 02110
1969 Nelson Darling, Jr., 100 Federal Street 02110
1969 W. Nicholas Thorndike, 28 State Street 02109
1973 *Mrs. R. Morton Claflin, 37 Chestnut Street 02108
1974 *Maurice Lazarus, 50 Cornhill 02108
1975 F. Sargent Cheever, M.D., 30 Pond Road, Wellesley 02181
1976 *Mrs. Ruth M. Batson, 160 Ruthven Street, Dorchester 02121
1976 *Marc J. Roberts, Ph.D., 164 Highland Avenue, Newton 02160
1976 William J. McCune, Jr., 549 Technology Square, Cambridge 02139

Honorary Trustees

1968 Ralph Lowell, One Boston Place 02106
1969 Henry R. Guild, 100 Federal Street 02110
1974 Sidney R. Rabb, 393 D Street, Boston 02210
1975 Philip H. Theopold, 294 Washington Street 02108
1976 Lloyd D. Brace, 100 Federal Street 02110
1976 Francis O. Schmitt, Ph.D., M.I.T. Neurosciences Research Program, 165 Allandale Street, Jamaica Plain Station, Boston 02130

*Appointed by the Governor of the Commonwealth

MASSACHUSETTS GENERAL HOSPITAL/McLEAN HOSPITAL

OTHER MEMBERS OF THE CORPORATION, 1976

Mrs. Nelson W. Aldrich
Mrs. Frank G. Allen
Mrs. Charles Almy
Mrs. Adeline R. Ameno
Mr. James Barr Ames
Mr. Robert Amory, Jr.
Mr. O. Kelley Anderson
Mr. Alfred W. Baldwin
Mr. G. Storer Baldwin
Mrs. James T. Baldwin
Mr. Walter Berman
Mrs. Henry M. Bliss
The Reverend Laurence J. Borges
Mr. Henri J. Bourneuf
Mr. Lloyd D. Brace
Mrs. Lloyd D. Brace
Mr. J. Howard Bushway
Mrs. Charles C. Cabot
Mr. Thomas D. Cabot
Mr. Walter M. Cabot
Mr. Bushrod H. Campbell
Mr. Hadley Case
Mr. John P. Chase
Mr. Theodore Chase
Mr. William H. Claflin
Mr. Haskell Cohn
Mr. Ferdinand Colloredo-Mansfeld
Mrs. Charles A. Coolidge
Mr. Charles E. Cotting
Mr. William C. Cox, Jr.
Mr. Charles C. Cunningham, Jr.
Mrs. Donald F. Cutler
Mrs. Richard E. Danielson
Mr. William R. Driver, Jr.
Miss Betty Dumaine
Mr. Robert R. Duncan
Mr. Charles J. Dunn
Mrs. Donald R. Dwight
Mr. William Ehrlich
Dr. Lloyd C. Elam
Mr. Alexander Ellis, Jr.
Mr. Donald J. Falvey, Jr.
Mr. Henry M. Fawcett
Mr. Sewall H. Fessenden, Jr.
Mrs. Gardiner H. Fiske
Mr. Robert L. Fondren
Mr. Laurence E. Fouraker
Mr. Alfred W. Fuller
Mr. Peter Fuller
Mr. M. Dozier Gardner
Mrs. Alden I. Gifford, Jr.
Mrs. Francis C. Gray
Mr. Morris Gray
Mrs. Roland D. Grimm
Mr. Henry R. Guild, Jr.
Mr. Edward B. Hanify
Mr. Richard Harte, Jr.
Dr. Roy J. Heffernan
Mr. Edwin W. Hiam
Mr. Gilbert H. Hood, Jr.
Mr. Harvey P. Hood
Mr. Donald J. Hurley
Mr. Edward C. Johnson, III
Mr. William T. Kemble
Senator Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.
Dr. John H. Knowles
Mr. Henry A. Laughlin
Mr. David S. Lee
Mr. Franklin A. Lindsay
Mr. Joseph W. Lund
Mr. Roderick M. MacDougall
Mr. Joseph L. Mailman
Mr. S. Lang Makrauer
Mr. William C. Mercer
Mrs. Charles E. Merrill, Jr.
Mr. James Jackson Minot
Mr. Colman M. Mockler, Jr.
Mr. Frederick S. Moseley, III
Mrs. John M. Myers
Mr. George Olmsted, Jr.
Mrs. Clelia Orlandi
Mr. James H. Orr
Mrs. Francis U. Paige
Mrs. Stephen D. Paine
Mr. Bertram Parker

Miss Amelia Peabody
Judge Lawrence T. Perera
Mrs. Sumner Pingree
Mr. John L. Quigley
Mr. William M. Rand
Miss Anna P. Revere
Mrs. George S. Richardson
Mrs. Karl Riemer
Mr. Irving E. Rogers
Mr. Jacob Saliba
Mr. Charles W. Schmidt
Mr. John B. Scrivano
Rt. Rev. Henry K. Sherrill
Mr. Richard A. Smith
Mr. Raymond S. Stevens
Mr. Henry S. Streeter
Judge Joseph L. Tauro
Mr. Thomas C. Thacher
Mrs. Augustus Thorndike
Mr. Richard K. Thorndike
Mr. Frederick G. P. Thorne
Mr. Samuel J. Tomasello
Dr. John B. Vernaglia
Mr. Ralph B. Vogel
Mr. F. Frank Vorenberg
Mr. Jeptha H. Wade
Mr. Edward A. Weeks, Jr.
Mr. John P. Weitzel
Mr. James O. Welch, Jr.
Mr. George S. Weld
Mr. Henry Wheeler
Mrs. Roland W. Whitridge
Mrs. Elaine Wilson

STANDING COMMITTEES OF THE TRUSTEES

FINANCE

BUDGET AND AUDIT

LEGAL AFFAIRS

VISITING COMMITTEE FOR McLEAN HOSPITAL

HALL-MERCER HOSPITAL

MEMORIALS COMMITTEE

NOMINATING COMMITTEE

COMPENSATION COMMITTEE

COMBINED COMMITTEES OF TRUSTEES AND STAFF

GENERAL HOSPITAL

McLEAN HOSPITAL

PHILLIPS HOUSE-BAKER MEMORIAL

PLANNING AND BUILDING COMMITTEE

COMMITTEE TO REVIEW GROUP B APPOINTMENTS

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S.H.A., F.A.C.H.A.

Comptroller and
Assistant Director for Fiscal Affairs
Arnold R. Saitow, M.B.A.

Administrative Assistant to the Director
Patrick Grant, Jr., M.H.A.

Administrative Assistant to the Administrator
Robert Spiegel, M.A.H.A.

DIRECTORS OF DEPARTMENTS

Accounting
Arnold R. Saitow, M.B.A.

Building Service
James C. Shuttle

Communication Services
Paula Levin, M.A.

Development
Winston R. Johnson, M.A.

Dietetics and Food Service
Mary Branston, B.S., A.D.A. (M), R.D.

Laundry
Arnold O. Tompkins

Medical Records
Ruth G. Pucciarelli, B.S., R.R.A.

Medicine
Charles H. Weingarten, M.D.

Neurology
Bryan T. Woods, M.D.

Nursing
Mildred C. Makin, R.N., B.S. in Nsg. Ed., Ed.M. (Adult and Children's Services)

Patient Education
John F. Dunn, M.A. (Adult Services)
Robert B. Brooks, Ph.D., (Children's Psychoeducation)

Personnel
David W. Bohy, B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.

Professional Libraries
Hector Bossange, M.A.

Psychiatry
Shervert H. Frazier, M.D.

Psychology
Irene P. Stiver, Ph.D. (Adult Services)
Sebastiano Santostefano, Ph.D. (Children's Services)

Public Relations
Elena M. Volante, B.A.

Purchasing
Edward Mulligan

Rehabilitation Services
Frances Palmer, M.S., O.T.R.

Safety and Security
David B. Balise, R.N., M.P.H.

Social Work
Golda M. Edinburg, M.S.S.S., ACSW (Adult Services)
Tikvah S. Portnoi, M.S.W., ACSW (Children's Services)

Volunteers
Anne K. Dunn, B.A.

McLEAN HOSPITAL STAFF AS OF MARCH 5, 1976

DEPARTMENT OF PSYCHIATRY

Psychiatrist in Chief
Shervert H. Frazier, M.D.

Acting Clinical Director
Paul M. Howard, M.D.

Director of Child Psychiatry
Silvio J. Onesti, M.D.

Psychiatrists

Jonathan O. Cole, M.D.
Edward M. Daniels, M.D.
Francis de Marneffe, M.D.
Leon Eisenberg, M.D.
Stanley Eldred, M.D.
Jack H. Mendelson, M.D.
Alfred H. Stanton, M.D.

Attending Psychiatrists

Martin A. Berezin, M.D.
Merton J. Kahne, M.D.
Irving Kaufman, M.D.
Sidney Levin, M.D.
Alan A. Stone, M.D.
Norman E. Zinberg, M.D.

Attending Child Psychiatrists

Malvina Stock, M.D.
Arthur F. Valenstein, M.D.

Associate Psychiatrists

Dietrich P. Blumer, M.D.
Richard D. Budson, M.D.
Arthur J. Cain, M.D.
Enid Caldwell, M.D.
Peter Choras, M.D.
Richmond Holder, M.D.
Robert P. Hopkins, M.D.
Phillip Isenberg, M.D.
Philip Kelleher, M.D.
Maria Lorenz, M.D.
John MacIver, M.D.
Roger E. Meyer, M.D.
Egbert H. Mueller, M.D.
Myron R. Stocking, M.D.
Maurice Vanderpol, M.D.
Mark M. Walter, Jr., M.D.
Stephen L. Washburn, M.D.

Associate Child Psychiatrist

John B. Livingstone, M.D.
Barbara C. Mueller, M.D.

Associate Attending Psychiatrists

David Blau, M.D.
Jo Anne Fineman, M.D.
Alan Fisch, M.D.
Ernest Hartman, M.D.
Peter B. Jenney, M.D.
Kathryn B. Kris, M.D.
David E. Limentani, M.D.
Don R. Lipsitt, M.D.
Andrew P. Morrison, M.D.
Cecil Mushatt, M.D.
Peter Reich, M.D.
Michael D. Robbins, M.D.
William D. Temby, M.D.
Edward L. Zarsky, M.D.

Associate Attending Child Psychiatrists

Malkah T. Notman, M.D.
Elinor M. Siner, M.D.
Anna K. Wolff, M.D.

Assistant Psychiatrists

Steve G. Agular, M.D.
Richard M. Arnold, M.D.
Daniel P. Asnes, M.D.
Jane M. Berman, M.D.
Thomas C. Bond, M.D.
Carl J. Brotman, M.D.
Corbett Campbell, M.D.
Kathleen E. Dempsey, M.D.
Joan Eccleston, M.D.
John G. Gunderson, M.D.
William B. Hawthorne, M.D.
William S. James, M.D.
Monte S. Kay, M.D.
Cynthia N. Kettyle, M.D.
Rona B. Klein, M.D.
John C. Kluznik, M.D.
Jonathan E. Kolb, M.D.
John C. Kuehnle, M.D.
Joseph F. Lipinski, M.D.
Paul E. McLean, M.D.
Zonda J. Mercer, M.D.
Steven M. Mirin, M.D.
Richard H. Morse, M.D.
Harry Penn, M.D.
Jalna Perry, M.D.
Joseph S. Ratner, M.D.
†Ralph S. Ryback, M.D.
Alan Schatzberg, M.D.
Edward R. Shapiro, M.D.
Chester Swett, Jr., M.D.
Bernard S. Yudowitz, M.D.

Assistant Child Psychiatrists

Martin Miller, M.D.
Peter R. Saltzman, M.D.

Assistant Attending Psychiatrists

Barbara L. Aeschliman, M.D.
Donald M. Allen, M.D.
Ruth Tiffany Barnhouse, M.D.
Howard S. Berger, M.D.
Jerrold G. Bernstein, M.D.
Peter G. Bourne, M.D.
John H. Brandt, M.D.
Paul A. Buttenwieser, M.D.
Lloyd M. Caplan, M.D.
George Chalpin, M.D.
Mignon C. Chasen, M.D.
Maurice C. Cion, M.D.
John G. Clark, Jr., M.D.
Herbert S. Cline, M.D.
Alan R. Cohen, M.D.
Edwin M. Davidson, M.D.
Paul R. Dinsmore, M.D.
Stuart E. Edelman, M.D.
Frederick Ehrlich, M.D.
Albert Feingold, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Max Geller, M.D.
Stephen N. Gerson, M.D.
Ramon M. Greenberg, M.D.
Todd F. Holzman, M.D.
Carlos Hudson, M.D.
Diane Bay Humenansky, M.D.
Carolyn Ise, M.D.
Burt Johnson, M.D.
Eda M. Kahana, M.D.
Alvin Kahn, M.D.
Alan S. Katz, M.D.
Melvin M. Kayce, M.D.
Arnold M. Kerzner, M.D.
George B. Lawson, M.D.
Robert Leff, M.D.
Zenos M. Linnell, M.D.
Mark Mahnke, M.D.
J. Wayne Mathews, M.D.
Nancy J. McDonnell, M.D.
A. William Menzin, M.D.
Charles Middleton, M.D.
Martin A. Miller, M.D.
Emanuel Mirel, M.D.
Amos Nahor, M.D.
John P. Nelson, M.D.
Morton B. Newman, M.D.
Donald Ottenstein, M.D.
Arthur N. Papas, M.D.
Robert D. Patterson, M.D.
Michael Pearlman, M.D.
Phelps M. Robinson, M.D.
William A. Rohde, M.D.
Alexandra Rolde, M.D.
Lucy Salomon, M.D.
Carl Salzman, M.D.
Charles A. Schwartz, M.D.
Edward S. Schwartzreich, M.D.
Daniel Shaw, M.D.
Arnold Sheinis, M.D.
Walker E. Shields, Jr., M.D.
Nathan T. Sidley, M.D.
Michael A. Sperber, M.D.
John J. Spillane, M.D.
Ruth E. Stauffer, M.D.
Jonathan P. Strang, M.D.
Larry H. Strassburger, M.D.

†L.O.A.

Charles W. Swearingen, M.D.
Roland H. Ungerer, M.D.
Jerry Wacks, M.D.
Robert M. Weiner, M.D.
Robert W. Weinstock, M.D.
Ruth S. Weiss, M.D.
Olga S. Wermer, M.D.
Frederic E. Whiskin, M.D.
Harold W. Williams, M.D.

Assistant Attending Child Psychiatrists

Steven L. Ablon, M.D.
Paul H. Arkema, M.D.
Fredric J. Coplon, M.D.
Gretchen H. Jacobs, M.D.
Chester A. Pearlman, Jr., M.D.
Lloyd F. Price, M.D.
Richard Sens, M.D.
Robert P. Tufo, M.D.
Judith A. Yanof, M.D.

Consultant in Child Psychiatry

Charles A. Malone, M.D.

Residents in Psychiatry

Joseph H. Albeck, M.D.
Alan L. Bateman, M.D.
Stephen J. Bergman, M.D.
Martha R. Bobruff, M.D.
Daniel M. Brener, M.D.
Bruce M. Cohen, M.D.
A.J. Darin de Lorenzo, M.D.
Woodrow W. Havens, II, M.D.
J. Stephen Heisel, M.D.
Winston C. Hughes, M.D.
Marita M. Keller-Teschke, M.D.
Steven E. Locke, M.D.
E. Anitra Mamen, M.D.
Shirley F. Marks-Brown, M.D.
Harrison G. Pope, Jr., M.D.
Daniel W. Rosenn, M.D.
Fredric Schiffer, M.D.
Richard S. Schwartz, M.D.
Larry J. Siever, M.D.
Jeffrey L. Speller, M.D.
Barry Sugarman, M.D.
*Gerd C. Teschke, M.D.

Residents in Child Psychiatry

Deborah J. Brandchaft, M.D.
Ann M. Briley, M.D.
Toni Cleaver, M.D.
Lorin R. Daggett, M.D.
Alexandra Murray-Harrison, M.D.
Jacqueline Musliner, M.D.
Frank Paolitto, M.D.
Jay Press, M.D.
Russell Ricci, M.D.
Kenneth M. Settel, M.D.
Frederick Stoddard, M.D.
John J. Szlyk, M.D.

*On affiliation from Cambridge Hospital, January 1 through April 30, 1976

Neurology Residents

**Telmo M. Aguino, M.D.
***Daniel B. Hier, M.D.

#*Clinical Fellows in Psychiatry*

Gerald M. Aronoff, M.D.
Mary H. Collins, M.D.
Allan K. Chrisman, M.D.
Rhoda B. Goldwasser, M.D.

#*Clinical and Research Fellows in Psychiatry*

Paul R. Draskoczy, M.D.
Stanislaw Drycz-Freeman, M.D.
Philip D. Gottlieb, M.D.
Martin B. Keller, M.D.
Theo C. Manschreck, M.D.
Michael G. Marenchic, M.D.
Marck G. McCormick, M.D.
Edwin J. Mikkelsen, M.D.
John P. Reimherr, M.D.
Norman R. Romanoff, M.D.
David V. Sheehan, M.D.
Lawrence F. Wasser, M.D.
Adele G. Wilkeson, M.D.

**On affiliation from MGH March 22 through May 2, 1976
***On affiliation from MGH May 3 through June 13, 1976
#Through June 30, 1976

Pastoral Fellow
Rabbi Sanford Seltzer

SENIOR CONSULTING STAFF

John A. Abbott, M.D.
Mark D. Altschule, M.D.
Lydia Dawes, M.D.,
Senior Consulting Child Psychiatrist

Paul M. Howard, M.D.
William F. Murphy, M.D.
Helen H. Tartakoff, M.D.,
Senior Consulting Child Psychiatrist

BOARD OF CONSULTATION

Harry C. Solomon, M.D.

DEPARTMENT OF MEDICINE

Internal Medicine

Physician
Charles H. Weingarten, M.D.

Assistant Physician
Joseph J. Herskovits, M.D.

Attending Physician
Ronald Arky, M.D.

Associate Attending Physicians
Joseph Gerstein, M.D.
Charles Hatem, M.D.

Clinical Assistant in Medicine
Robert D. Busiek, M.D.

Assistant Dental Surgeon
Herbert J. Dorris, D.M.D.

Head Medical Technologist
Cornelia Cremens, B.S., M.T.

Medical Technologist
Carol Johnston, B.A., M.T.

Physical Therapist
Sarah Lawthers, R.P.T.

Coordinator of Medical Nursing Services
Linda Damon, R.N., N.P.

X-Ray Technician
Katherine Mulloy, R.T.

Podiatrist
Homer J. Squires, D.P.M.

Pediatrics

Associate Attending Pediatrician
S. Norman Sherry, M.D.

Assistant Attending Pediatrician
Michael L. Goldfein, M.D.

Consultants to Medical Department
Theodore H. Atkinson, D.P.M., *Consultant in Podiatry*
Max J. Bulian, M.D., *Consultant in Obstetrics - Gynecology*
Harold L. Chandler, M.D., *Consultant in Nuclear Medicine*
Carl Cohen, D.M.D., *Dental Consultant - for Children's Center*
John D. Crawford, M.D., *Consultant in Pediatric Endocrinology*
Herbert E. Daitch, D.M.D., *Dental Consultant*
Joel P. Douglas, D.M.D., *Consultant in Orthodontics*
Michael G. Ehrlich, M.D., *Consultant in Orthopaedics - Pediatrics*
Angelo J. Eraklis, M.D., *Consultant in Pediatric Surgery*
Robert W. Fasciano, D.M.D., *Consultant in Periodontology*
Ignatius J. Fiorenza, D.D.S., *Dental Consultant*
James M. Gibbons, Jr., M.D., *Consultant in Orthopaedic Surgery*
Eugene A. Guralnick, M.D., *Surgeon Consultant*
Zolman Helfand, M.D., *Surgical Consultant*
R. Harlow Hermanson, M.D., *Consultant in Radiology*
Richard Hillel, M.D., *Consultant in Otolaryngology*
Ruby G. Jackson, M.D., *Consultant in Obstetrics - Gynecology*
Arnold Katz, O.D., *Consultant in Optometry*
Esther S. Muello, M.D., *Consultant in Clinical Allergy*
Robert A. Provost, Jr., M.D., *Consultant in Orthopaedic Surgery*
Samuel R. Schuster, M.D., *Consultant in Pediatric Surgery*
Bernard Sears, M.D., *Consultant in Urology*
Seymour R. Shalek, M.D., *Consultant in Radiology*
Joseph S. Wallace, M.D., *Consultant in Obstetrics - Gynecology*

DEPARTMENT OF NEUROLOGY

Assistant Neurologist
Bryan T. Woods, M.D.

Attending Neurologist
Raymond D. Adams, M.D.

Associate Attending Pediatric Neurologist
N. Paul Rosman, M.D.

Assistant Attending Neurologists
Edwin H. Kolodny, M.D.
Roger Williams, M.D.

Assistant Attending Pediatric Neurologist
Eileen M. Ouelette, M.D.

Consultants in Neurology
David N. Levine, M.D.
R. Malcolm Stewart, M.D.
Edward R. Wolpow, M.D.
Robert R. Young, M.D.

Clinical Neurology Technician
Marla D. Eby, B.A.

Electroencephalography Laboratory

Consultant in Electroencephalography
Ira Sherwin, M.D.

Electroencephalography Technician
John Wentworth, R.N.

RESEARCH

ALCOHOL AND DRUG ABUSE RESEARCH CENTER

Director
Jack H. Mendelson, M.D.

Associate Directors
Nancy K. Mello, Ph.D.
Roger E. Meyer, M.D.

Psychiatrist
Jonathan O. Cole, M.D.

Assistant Psychiatrists
John C. Kuehnle, M.D.
Steven M. Mirin, M.D.

Assistant Attending Psychiatrist
Jerrold G. Bernstein, M.D.

Associate Biochemist
James Ellingboe, Ph.D.

Research Fellow
Barbara W. Lex, Ph.D.

Associate Attending Psychologist
A. Michael Rossi, Ph.D.

Assistant Psychologists
Thomas F. Babor, Ph.D.
Isaac Greenberg, Ph.D.
Stephen J. Rothenberg, Ph.D.

BIOLOGICAL RESEARCH LABORATORY

Director
Jordi Folch-Pi, M.D.

Neuropathologist and Associate Director
Alfred Pope, M.D.

Assistant Neuropathologist
Dorothy A. Gibson, Ph.D.

Associate Biochemists
George Hauser, Ph.D.
Marjorie B. Lees, Ph.D.
Victor E. Shashoua, Ph.D.

Assistant Biochemists
Mohinder S. Nijjar, Ph.D.
David Sakura, Ph.D.
Ellen F. Wallace, Ph.D.

Research Fellows in Biochemistry
Larry J. Benowitz, Ph.D.
David S. Chan, Ph.D.
Victor S. Saperstein, Ph.D.

PSYCHOBIOLOGICAL RESEARCH CENTER

Neuroanatomist
Walle J. H. Nauta, M.D., Ph.D.

Associate Psychologist
Steven Matthysse, Ph.D.

Associate Neuroanatomist
Valerie B. Domesick, Ph.D.

DEPARTMENT OF PSYCHOLOGY

Chief Psychologist - Adult Services
Irene P. Stiver, Ph.D.

Chief Psychologist - Children's Services
Sebastiano Santostefano, Ph.D.

Psychologists
David J. Ingle, Ph.D. (Neuropsychology Laboratory)
Nancy K. Mello, Ph.D.
Norbett L. Mintz, Ph.D.
Robert D. Schnitzer, Ph.D.

Associate Psychologists
Richard J. Bonier, Ph.D.
Scott Reinhardt, Ph.D.
Robert Rosenthal, Ph.D.

Associate Child Psychologist
Robert B. Brooks, Ph.D.

Associate Attending Psychologists

Abram Chipman, Ph.D.
Robert Harrison, Ph.D.
Helen J. Kenney, Ed.D.
(Department of Education)
Brendan A. Maher, Ph.D.
Norman A. Neiberg, Ph.D.
A. Michael Rossi, Ph.D.
Ralph G. Semon, Ph.D.

Assistant Psychologists

Thomas F. Babor, Ph.D.
Isaac Greenberg, Ph.D.
†Martha Hardt, Ph.D.
Judith V. Jordan, Ph.D.
Philip G. Levendusky, Ph.D.
Carolynn Maltas, Ph.D.
Stephen J. Rothenberg, Ph.D.
Gary A. Taylor, Ph.D.
Marsha Vannicelli, Ph.D.
Harvey H. Waxman, Ph.D.

Assistant Child Psychologists

Richard M. Heavenrich, Ph.D.
Richard Monahan, Ph.D.

Assistant Attending Psychologist

Sophie B. Mintz, Ph.D.

Associate in Psychology

Jean K. Mason, M.A.

Assistants in Psychology

Constance Franklin, M.A.
Gus B. Kaufman, Jr., M.A.

Assistant in Child Psychology

Ava M. Bry, M.S.

Postdoctoral Fellows

Karen Gross, Ph.D.
Janet L. Surrey, Ph.D.
Peter Yaffee, Ph.D.

Postdoctoral Fellows in Child Psychology

Robert Y. Berlin, Ph.D.
Betsy B. Kahan, Ph.D.
Carl L. Tishler, Ph.D.

Fellows

Joan E. Berger, Ph.D.
Gerald Borofsky, Ph.D.
Mary Jo Camillus, Ph.D.
Robert Jampel, Ph.D.
Karlen Lyons-Ruth, Ph.D.
Barbara Mandelkorn, Ph.D.
Carol Missel, M.A.
Edward A. Peck, III, B.A.
Regina M. Todd, M.S.
Marcia H. Wright, B.A.
David Zarchan, M.A.

Predoctoral Fellow in Child Psychology

Judith B. Schaefer, Ph.D.

Research Fellow in Psychology

Alexander Campbell, Ph.D.

Report of the Director

Fiscal 1975 was another active, demanding year for McLean Hospital and one in which resource allocation was a dominant issue.

On the one hand, the administration had constantly to assess where and how to allocate the hospital's not unlimited resources to many, often conflicting, present demands. And on the other, it had to anticipate and consider what resources would be needed to meet future demands to insure the hospital's long-range development.

Not too many years ago, most demands were foreseeable from recent past hospital activities and from slowly emerging outside trends. Resources could, for the most part, be allocated to fairly predictable needs. This has changed. Change itself has become the norm. What this means in terms of resource allocation is that institutions must not only position themselves to meet predictable needs, but must also stay flexible enough to meet sure-to-come, unpredictable problems and opportunities.

The picture at McLean was complicated this year by the fact that its financial resources at the year's beginning were strained. Due largely to rampant inflation and start-up costs for the Hall-Mercer Children's Center, the hospital had finished the prior fiscal year with a $283,000 deficit. By the end of fiscal 1975, however, as the result of an effective cost-reduction program, the hospital showed a small surplus of $89,000 and made substantial progress in many directions.

Patient Care

Patient-care activities in 1975 provide a microcosm of some of the situational variables involved in resource allocation. A substantial commitment of resources had gone into the Hall-Mercer Children's Center in 1974. It was hoped that the Center would be self-supporting in 1975 and free up resources for other programs. This proved to be the case. The Center had a most successful second year of operation, which the Report of the Psychiatrist in Chief describes more fully, and had a high census for most of the year.

At the year's beginning, however, the above was a hope, not a reality. Therefore, the hospital moved cautiously in allocating resources to another new program — the Adolescent and Family Treatment and Study Center. A unit, smaller than originally planned, was established for adolescents with severe character pathology with antisocial and acting-out behavior. By the end of the year, the unit had proven its need, and plans were to double its size to ten beds.

Also during the year an opportunity materialized for McLean to provide psychiatric services to a long-neglected patient population in Massachusetts — inmates at the Bridgewater State Hospital. For years this facility has been plagued with a desperate shortage of psychiatrists, making it one of the trouble spots in the mental health field. Happily, McLean had maintained itself sufficiently flexible to be able to commit the resources needed. Under a contract signed between McLean and the Massachusetts Department of Corrections, the hospital's Institute of Law and Psychiatry, headed by Bernard S. Yudowitz, M.D., began providing psychiatrists for the evaluation and treatment of Bridgewater inmates.

This development is not only significant in terms of McLean's making a contribution to a particular community problem, but it also may prove to be a prototype for future contracts with state agencies to provide other necessary services.

Overall, inpatient admissions reached a new high of 1,133. However, due to ever-shortening hospital stays and more rapid patient turnover, there was a slight decline of one percent in the number of patient days of treatment provided during the year. The outpatient, partial care, and aftercare programs admitted 1,090 patients.

Commitments to the Future

Perhaps the most significant commitment to the future made during the year was the decision to move forward with construction of the Mailman Psychobiological Research Center. The first phase of construction began this fall and is projected to cost $2.7 million. A total of $3.5 million is required to complete the project, which calls for adding two stories to the hospital's Biological Research Laboratory by the summer of 1977. The hospital is confident that additional monies needed to complete the facility will be found.

Ongoing fund-raising efforts to make the Center a reality received a major boost during the year with the receipt of a generous gift from the Mailman Foundation of $1 million. Also, on February 26, McLean sponsored a scientific symposium on "The Biological Substrates of Mental Illness," at which plans for the Center were announced. A galaxy of outstanding scientists made presentations on their most recent findings to an audience of some 550 psychiatrists and neurologists from across the country and abroad.

The implications of having a truly comprehensive research program in the severe psychoses augur well for McLean's future vitality and viability as an institution.

Progress in another area was made to insure a strong future position for the hospital. For some years, McLean's physical plant has been a deterrent to providing services efficiently.

Old, separate buildings for the hospital's inpatient population have two major financial drawbacks. They require constant expenditures to upgrade and maintain in satisfactory condition for patient care and safety, and they require more staff than do larger, more centralized patient facilities.

The hospital, therefore, filed a Certificate of Need seeking the State's approval to construct a new building to replace 107 existing inpatient beds and to house ancillary medical services and a cafeteria. At year-end, discussions were still in process with the Department of Mental Health and the Health Planning Council of Greater Boston, and it was hoped that approval would be granted so that money could be borrowed and plans for construction started.

Other Resource Factors

The hospital's workforce, though strained to meet the increased patient population, was more stable this year. Influenced, no doubt, by the unemployment picture, separations decreased by six percent, thereby reducing turnover and training costs. However, employee benefit expenses were up 43 percent due to increased costs for health and malpractice insurance, Social Security, and pension funding required under new legislation.

Outside forces continue to restrict the hospital's ability to recoup costs of services rendered through charges. Third-party payers, especially Medicare, are limiting their reimbursements to "actual costs," defined by them, which are well below published hospital charges. New cost-control legislation in Massachusetts, though less threatening than first proposed, is another major factor.

Compliance with a host of other federal and state regulations over hospitals is another drain on hospital resources requiring a substantial amount of time and effort on the part of staff.

Conclusion

McLean began the year with the goal of shoring up its financial position and, in the best sense, manipulating its limited resources as wisely as possible to realize present and future hospital potentials for service. Despite unusual pressures and demands on hospital resources, substantial progress toward that goal was achieved.

I should like to thank the McLean Committee of Trustees for their continuing support — especially Mr. George Putnam, Chairman, and Mr. S. Lang Makrauer who left the Committee during the year and whose counsel will be missed.

FRANCIS de MARNEFFE, M.D.
Director

Report of the Psychiatrist in Chief

For McLean Hospital, fiscal 1975 was marked by continued growth and coalescence of new and existing programs in patient care, in teaching, and in research.

Patient Care

Inpatient admissions continued their upward climb and reached a new high of 1,133. Shortening inpatient stays were a major factor enabling the hospital to serve larger numbers of people. Another factor has been the successful development of outpatient, partial care, and aftercare programs which collectively admitted 1,090 patients. These programs served as alternatives to hospitalization for a majority of the admitted individuals and as transitional steps between hospital and community for others.

The Hall-Mercer Children's Center completed its second full year of operation and confirmed both its promise for excellence in patient care and the need for a facility of its type in the area. Its inpatient service admitted 104 children and had a full census for most of the year. Its outpatient service admitted 113 children.

The children and families the Center serves are highly at risk and highly in need. Diagnostic categories of the children cover the full range of psychopathology. Many present mixed diagnostic problems. In at least 60 percent of the families, factors of high risk for the child's development were identified; i.e., serious psychiatric disturbances in one or both parents, alcoholism, fatherless homes, homes marked by the prolonged absence of the mother or by the removal of siblings by protection agencies.

While 75 percent of the children had had prior psychiatric services, difficulty in diagnostic assessment and the severity of disorder in child and family had precluded successful intervention. The availability at the Center of a multidisciplinary staff, working as a team around the total needs of these children, is demonstrating that they can be directed to a more successful life adaptation. Integrated pediatric, neurological, and psychological evaluations, including cognitive and educational assessments, have provided the necessary basis for intensive therapeutic work with child and family at the Center.

During the year, the Center's patient psychoeducation programs were approved under Massachusetts' new special education law, Chapter 766. The staff worked closely with 766 core evaluation teams and school personnel on every patient where these evaluations were in process and attended 213 conferences in the community. Also, the Center's Psychology Department established a Cognitive Disabilities Program to provide consultation, testing, cognitive therapy, and special education services to the hospital's adult service and to outside agencies.

The Adolescent and Family Treatment and Study Center formally opened on March 31 and by April 3 had a full census of five patients. This is a small intensive care unit for adolescents who have severe character pathology with antisocial and acting-out behavior. The family itself is a critical part of the treatment program.

The aims of treatment are to modify both the intrapsychic and environmental contributions to character pathology in the developing adolescent. This requires intensive individual psychotherapy, a milieu structured to facilitate self-control, and an attempt to modify pathological aspects of family interaction which interfere with successful development.

More specifically, the program involves three-times-a-week psychotherapy for the hospitalized adolescent and the following once a week: couples therapy for parents, family therapy for the entire family, and a multiple family meeting for all patients, family members, and staff. In addition, several groups function within the hall milieu for the adolescents, including privilege, peer, and other meetings.

Plans call for expanding this five-bed unit to ten next year.

Another significant development in meeting a real need for psychiatric care occurred during the year with the signing of a contract with the Massachusetts Department of Corrections under which McLean began providing psychiatrists for the evaluation and treatment of inmates at Bridgewater State Hospital. Both the state and McLean are gratified by the opportunity to bring this patient population within the scope of the mental-health delivery system.

As demands for psychiatric services escalate, McLean is increasingly asking itself where the gaps in delivery exist and where McLean's unique strengths can best be put to use. The programs described above all demonstrate identification of unmet needs for mental care and the formulation of specialized services to fill them.

Research

A number of research programs continued during the year. These included biochemical and neuropathological studies at the Biological Research Laboratory; studies on the biological and behavioral aspects of drug and alcohol addiction at the Alcohol and Drug Abuse

Research Center; and varied other basic research and clinical studies carried on by investigators throughout the hospital.

Of most significance, however, is the fact that McLean made real progress in reaching its goal of establishing a truly comprehensive research program in the severe psychoses. Construction of the Mailman Psychobiological Research Center began this fall. A clinical unit is already in operation at McLean for the study of the clinical problems of the major psychoses in conjunction with fundamental research investigations at the new Center. The integration of clinical with basic research in such areas as genetics, neuropharmacology, and neurochemistry holds great promise for better understanding and treatment of the major mental illnesses.

Teaching

Over 400 individuals trained at McLean during the year for varied mental health and allied professions. On July 1, the hospital had 33 psychiatric residents in training — 12 in child psychiatry and 21 in adult psychiatry. Plans were being formulated to adapt McLean's Adult Psychiatric Residency Training Program to a four-year program with the Mt. Auburn Hospital the primary affiliating facility for the first graduate year.

As in past years, clinical psychologists, physicians, neurologists, social workers, special educators, nurses, rehabilitation and occupational therapy specialists, and those preparing for the law and the ministry trained at McLean. The McLean Facility for Continuing Education offered a number of educational programs for practicing mental health and allied professionals. A total of 14 courses involving 182 teaching hours were offered to psychiatrists, neurologists, and other qualified professionals by the Facility. In addition, it cosponsored three one-day conferences with other hospital departments and provided 18 multidisciplinary courses through the Mental Health Continuing Education Consortium.

In March, the Committee on Continuing Education for Psychiatrists and Neurologists became a standing committee of the hospital. In April, the American Psychiatric Association approved the Facility's Educational Plan, described it as "a model for similar institutions," and agreed to review its educational offerings for cosponsorship.

Summary

The year's activities reflect McLean's continuing objective to build on its strengths and to apply its resources where they can best meet critical needs in the mental health field. The demands today are many and diverse. This year, as is expected for those to come, the hospital took important steps to meet some of those demands in patient care, teaching, and research.

SHERVERT H. FRAZIER, M.D.
Psychiatrist in Chief

Report of the Administrator

The past fiscal year has been one of planning for the future development of the hospital, continued upgrading of the physical plant, and adapting systems and procedures to meet changing requirements of regulatory agencies.

The age and obsolescence of the physical plant has been documented for many years, and essential funding has been expensed to provide patients with a safe environment and to meet ongoing and expanding clinical programs. The construction of the Rehabilitation Center in 1963 was the first step in the modernization of the hospital and was followed with the construction of the Hall-Mercer Children's Center in 1973. Nevertheless, this new construction did nothing to alleviate the problem of the inadequacy of the older buildings for inpatient services as outlined in the 1967 Perry, Dean and Stewart Master Plan.

Recognizing this need, even in the light of the uncertainties of hospital financing in the present and future regulatory environment, the hospital decided to push forward and has applied to the Massachusetts Department of Public Health for a Certificate of Need to partially replace existing facilities by constructing a building of approximately 88,000 gross square feet to contain 107 inpatient psychiatric beds, medical support services, and dietary facilities. In addition, the application includes upgrading and expansion of parking facilities, expansion and relocation of the Medical Library, and expansion of Pierce Hall auditorium. The range of capital expenditures, including finance charges for this project, is projected between $10.5 and $13.2 million at this time. It is proposed that this project be financed through a bond issue from the Massachusetts Health and Educational Facilities Authority. At this time the application is still pending.

During the year, $504,358 was spent on capital improvements including $56,574 in the Hall-Mercer Children's Center and $99,980 on depreciable equipment; 35 percent of the project work was completed by hospital personnel.

Major projects included modernizing and enlarging the Medical Records Department, continued upgrading of the wiring and bathroom facilities on South Belknap I and II, continued expansion of the fire-alarm system, including connecting all patient buildings to the Belmont Fire Department, installation of a traffic signal at the hospital entrance, construction of an addition to the telephone equipment room, ongoing upgrading of the Dietary facilities, expansion of Bowditch and Codman parking lots, upgrading of bathroom facilities on Proctor House I and II, partial rewiring of Upham House, modernization of the Accounting Department, and expansion of the Development Department. As a general rule, expenditures of depreciation funds for patient buildings and for the Dietary Department continue to be a holding action until new facilities can be constructed.

In September, construction began on the two-story addition to the Research Building at a projected cost of $2,700,000, and occupancy is scheduled for the spring of 1977.

Because of a reduction in inpatient census, Upham House I was closed temporarily to reduce operating expenses, which also provided the opportunity to rewire and relight the unit. Plans are being formulated to reopen Upham as a combined generic and behavior modification unit.

After almost twenty years on the hospital grounds, the Beaverbrook Guidance Center relocated its program from Hope and South Cottages to the Waltham Hospital. It is anticipated that Hope Cottage will be used as an adult halfway house and South Cottage for expanded Hall-Mercer Children's Center programs.

The Environmental Protection Agency's Transportation Control Plan has been modified from its earlier goal of a proposed 25 percent reduction in employee parking spaces to a 25 percent reduction in single-passenger commuting vehicles. Compliance will be monitored by the Massachusetts Department of Transportation with primary emphasis on using carpools and public transportation. McLean's parking policy was changed to eliminate reserved parking for all staff.

On July 1, the hospital Utilization Review Plan was modified to meet expanded Federal Medicare regulations. These regulations place increased responsibility upon the hospital for conducting concurrent utilization reviews and retrospective medical-care evaluation studies to assure a uniform Medicare utilization review system compatible with the P.S.R.O. review system.

During the year, Mr. Alexander Armour retired as Director of Purchasing and was replaced by Mr. Edward M. Mulligan. Mr. Armour was appointed Coordinator of Hospital Archives on a time-limited basis to organize and catalogue hospital archives.

The Safety and Security Department assumed responsibility for fire drills, key control, employee identification, and vehicle registration systems. To improve plant protection and access control, electronic security systems were installed in critical areas and a photo I.D. system adopted for hospital staff.

Shortages that plagued the hospital last year are no longer evident, at least at present. Inflationary pressures seem under some control. However, the continuous proliferation of federal and state regulations at all levels of hospital operations threaten to change radically administrative control of the American hospital system as we know it today.

The implementation of both the permanent cost-control legislation in Massachusetts and the National Health Planning and Resources Development Act of 1974 (Public Law 93-641) will determine to what extent, if any, hospitals can survive with any degree of freedom in a controlled environment.

HENRY J. LANGEVIN, M.S.H.A.
Administrator

Report of the Assistant Director for Fiscal Affairs

McLean ended the year with a small surplus of $89,000 compared to last year's deficit of $283,000. In view of the many conflicting pressures that were brought to bear on hospital operations during the year, this improvement in financial performance was significant.

First of all, total expenses were up more than $2.4 million over last year. Utility costs alone were up 37 percent. At the same time, there were imposed mandated changes and resultant cost increases because of action taken by malpractice insurance carriers, Blue Cross for employee health premiums, Social Security increases for both employees and the hospital, and pension reform legislation. As a result, employee benefit expenses were up 43 percent. Even the day-to-day supplies used in the complex of hospital operations increased 17 percent. Finally, to provide some relief for the staff from the effects of double-digit inflation, wage and salary expense increased slightly more than 10 percent.

Another significant item of expense lies in what is known as hospital deductions. Deductions from income include free service, contractual allowances, and provision for doubtful accounts. As in the prior year, McLean maintained its posture of providing significant free service to its patient population. This year, over $650,000 of free care was provided to persons unable to pay for service at McLean.

Contractual allowances, which represent the difference between published charges and amounts actually reimbursed by major third-party payors (especially Medicare), continue to increase.

Historically opposed to recognizing and paying established charges for care rendered to Medicare beneficiaries, this federal program has limited its reimbursement to actual costs of services rendered. Their determination of actual costs leaves much to be desired when it comes to recognizing the many activities related to patient care; i.e., research and training, which contribute to and enhance the excellent quality of service that has been the hallmark of McLean. The impact of these deductions in fiscal 1975 was a reduction in revenue of over $1 million, an increase of 19 percent over last year.

These constant pressures, many of which are beyond the control of the hospital, created a continued upward push on hospital charges. These pressures were aggravated by the fact that the hospital experienced a temporary decline of about 1 percent in the number of patient days of treatment provided. To offset these present and expected cost increases, McLean administration instituted a number of actions. Among these were:

(1) A general reduction in departmental expenses by all departments in the hospital.
(2) A freeze on any new hiring except for replacement of existing staff.
(3) A 50 percent reduction in staff travel.
(4) The temporary closing of one patient-care unit and the relocation of patients into remaining treatment halls.
(5) Additional cutbacks in support services (housekeeping, maintenance, etc.) to minimize reductions in patient-care services.

In spite of those efforts, some $2.8 million of additional income had to be generated to meet the unavoidable cost pressures cited above. To generate this income, McLean was forced to increase its charges for services.

Increasing hospital charges is a move not made lightly. McLean cannot continually absorb additional costs and maintain its quality of care without recovering these additional costs through income generated by increased charges. Government support and even private philanthropy are, for all intents and purposes, no longer a factor in the support of McLean operations.

Yet the hospital maintains a vigorous commitment to the community it serves. This commitment, to be responsive to the needs of that community, must not be thwarted by a charge structure which restricts accessibility to the wealthy few. Consequently, the relationship between hospital charges and other prevailing health-care services in the community is of constant concern to the administration.

ARNOLD R. SAITOW, M.B.A.
Assistant Director for Fiscal Affairs

Report of Hospital Population and Statistics

McLean Hospital

TABLE I
ADMISSIONS TO INPATIENT SERVICE 1974-1975
BY PREVIOUS HOSPITAL EXPERIENCE, SEX, AND RELATED OTHER CHARACTERISTICS

SCHEDULE A:	1st to Any				1st to McLean				Readm. to McLean				Total Admissions			
SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	184	177	361	73	114	123	237	55	80	62	142	69	387	362	740	65
General Hospital	38	32	70	14	12	15	27	6	3	14	17	8	53	61	114	10
Psychiatric Hospital	3	0	3	1	65	65	130	30	10	6	16	8	78	71	149	13
Other & Not Determined	25	34	59	12	23	17	40	9	14	17	31	15	62	68	130	12
Total	250	243	493	100	214	220	434	100	107	99	206	100	571	562	1133	100
SCHEDULE B:																
DIAGNOSES																
Psychoses Associated with Organic Brain Syndromes	10	23	33	6	3	5	8	2	1	6	7	3	14	34	48	4
Nonpsychotic Organic Brain Syn.	2	3	5	1	1	1	2	1	0	0	0	0	3	4	7	1
Mental Retardation	5	4	9	2	0	1	1	1	0	1	1	1	5	6	11	1
Schizophrenia	39	29	68	14	63	61	124	28	45	32	77	37	147	122	269	23
Major Affective Disorders	20	10	30	6	28	23	51	11	11	10	21	10	59	43	102	9
Paranoid States	0	2	2	1	2	0	2	1	0	1	1	1	2	3	5	1
Neuroses	29	45	74	15	15	32	47	10	6	7	13	6	50	84	134	12
Personality Disorders & Special Symptoms	85	55	140	28	75	64	139	32	36	27	63	32	196	146	342	30
Transient Situational Disorders	22	48	70	14	17	17	34	8	3	4	7	3	42	69	111	10
Other Psychoses	8	11	19	4	6	14	20	4	2	11	13	6	16	36	52	4
Diagnosis Deferred & Others	1	0	1	1	1	0	1	1	0	0	0	0	2	0	2	1
Behavior Disorders of Childhood and Adolescence	29	13	42	8	3	2	5	1	3	0	3	1	35	15	50	4
Total	250	243	493	100	214	220	434	100	107	99	206	100	571	562	1133	100
SCHEDULE C:																
AGES																
3-13	37	21	58	12	7	3	10	2	2	0	2	1	46	24	70	6
14-20	73	84	157	32	54	58	112	26	34	20	54	26	161	162	323	28
21-30	51	37	88	18	74	59	133	30	38	30	68	33	163	126	289	26
31-40	26	27	53	11	33	33	66	15	18	17	35	17	77	77	154	14
41-50	19	27	46	9	23	29	52	12	6	8	14	7	48	64	112	10
51-60	16	18	34	7	9	17	26	6	3	10	13	6	28	45	73	6
61-70	21	11	32	6	12	14	26	6	3	7	10	5	36	32	68	6
71-80	3	14	17	3	2	5	7	2	3	5	8	4	8	24	32	3
81+	4	4	8	2	0	2	2	1	0	2	2	1	4	8	12	1
Total	250	243	493	100	214	220	434	100	107	99	206	100	571	562	1133	100

TABLE II
INPATIENT POPULATION 1974-197

CHARACTERISTICS	Beginning of Year October 1, 1974				Admitted During Yea			
TOTAL NUMBER	In Hospital			251			1133	
	On Visit			157				
				408				
	Male		52%	209				
	Female		48%	199				
AGES	M	F	T	%	M	F	T	%
3-13	16	8	24	6	46	24	70	6
14-20	85	63	148	36	161	162	323	28
21-30	51	38	89	22	163	126	289	26
31-40	19	34	53	13	77	77	154	14
41-50	8	15	23	6	48	64	112	10
51-60	6	20	26	6	28	45	73	6
61-70	17	10	27	7	36	32	68	6
71-80	7	11	18	4	8	24	32	3
81+	0	0	0	0	4	8	12	1
Total	209	199	408	100	571	562	1133	100
DIAGNOSES								
Psychoses Associated with Organic Brain Syndrome	−1	−1	−2	0	14	34	48	4
Nonpsychotic OBS	3	9	12	3	3	4	7	1
Mental Retardation	3	0	3	1	5	6	11	1
Schizophrenia	109	101	210	51	147	122	269	24
Major Affective Disorders	26	6	32	8	59	43	102	9
Paranoid States	0	5	5	1	2	3	5	1
Neuroses	9	15	24	6	50	84	134	12
Personality Disorders & Special Symptoms	36	32	68	16	196	146	342	30
Transient Situational Dis.	10	18	28	7	42	69	111	10
Other Psychoses	7	12	19	4	16	36	52	4
Diagnoses Deferred & Others	1	1	2	1	2	0	2	1
Behavior Disorders of Childhood and Adolescence	6	1	7	2	35	15	50	4
Total	209	199	408	100	571	562	1133	100

BY SELECTED CHARACTERISTICS

Discharged During Year	Remaining at End September 30, 1975			Change During Yr.
1061	In Hospital		260	+ 9
	On Visit		220	+63
			480	+72
	Male	48%	229	
	Female	52%	251	

M	F	T	%	M	F	T	%	M	F	T
34	20	54	5	28	12	40	8	+12	+4	+16
149	134	283	27	97	91	188	39	+12	+28	+40
170	131	301	28	44	33	77	16	−7	−5	−12
68	73	141	13	28	38	66	14	+9	+4	+13
48	63	111	11	8	16	24	5	0	+1	+1
28	37	65	6	6	28	34	7	0	+8	+8
38	23	61	6	15	19	34	7	−2	+9	+7
12	22	34	3	3	13	16	3	−4	+2	−2
3	8	11	1	1	0	1	1	+1	0	+1
550	511	1061	100	230	250	480	100	+21	+51	+72
15	27	42	4	−2	6	4	0	−1	+7	+6
12	4	16	2	−6	9	3	1	−9	0	−9
2	6	8	1	6	0	6	1	+3	0	+3
145	132	277	26	111	91	202	42	+2	−10	−8
51	37	88	8	34	12	46	9	+8	+6	+14
1	4	5	1	1	4	5	1	+1	−1	0
44	69	113	10	15	30	45	9	+6	+15	+21
205	159	364	34	27	19	46	9	−9	−13	−22
33	50	83	8	19	37	56	12	+9	+19	+28
16	19	35	3	7	29	36	8	0	+17	+17
3	0	3	1	0	1	1	1	−1	0	−1
23	4	27	2	18	12	30	6	+12	+11	+23
550	511	1061	100	230	250	480	100	+21	+51	+72

TABLE III
DISCHARGES FROM INPATIENT SERVICE 1974-1975 BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	% of Total
Home (Parental or Marital)	411	391	802	76
Psychiatric Hospital (or Psych. Wing of General Hospital)	50	41	91	8
General Hospital or Nursing Home	11	22	33	3
School	6	4	10	1
Foster Home	0	0	0	0
Own Apartment	30	25	55	5
Halfway House	20	19	39	4
Deceased	13	4	17	2
Other	9	5	14	1
Total	550	511	1,061	100
CONDITION				
Recovered	6	8	14	1
Much Improved	88	76	164	16
Moderately Improved	212	206	418	39
Slightly Improved	84	110	194	18
Unimproved	151	105	256	24
Worse	0	1	1	1
Deceased	9	5	14	1
N. D.	0	0	0	0
Total	550	511	1,061	100
LENGTH OF HOSPITALIZATION ON BOOKS				
0-10 Days	74	87	161	15
11-30 Days	81	61	142	13
31-90 Days	218	181	399	37
91-180 Days	81	86	167	16
181-365 Days	53	49	102	10
1-2 Years	29	26	55	5
2-5 Years	11	18	29	3
Over 5 Years	3	3	6	1
Total	550	511	1,061	100
LENGTH OF HOSPITALIZATION IN RESIDENCE				
0-10 Days	79	95	174	16
11-30 Days	99	77	176	17
31-90 Days	257	220	477	45
91-180 Days	49	72	121	11
181-365 Days	43	28	71	7
1-2 Years	17	10	27	2
2-5 Years	3	7	10	1
Over 5 Years	3	2	5	1
Total	550	511	1,061	100

McLean Hospital

STATEMENT OF DIRECTOR'S EQUITY

September 30, 1975

ASSETS

Cash	$ 97,907.12
A/R McLean Hospital — Inpatients	
Current Month's Billing	972,646.14
Inhouse Accounts — Overdue	2,558,071.02
Discharged Accounts	2,403,693.57
Due from Medicare	68,787.50
Outpatient Clinic	302,638.99
Subtotal	6,305,837.22
A/R Children's Hospital — Inpatients	1,190,340.46
Outpatient Clinic	82,174.41
TOTAL	7,578,352.09
Less Reserve for Doubtful Accounts	(429,805.80)
A/R Accounts Receivable — Miscellaneous	215,780.91
Inventories — Materials and Supplies	134,548.38
Prepaid Items	50,425.00
TOTAL ASSETS	$7,647,207.70

LIABILITIES

Accounts Payable	$1,085,338.26
Federal and State Taxes Payable	161,231.47
Blue Cross/Blue Shield Premiums Payable	7,959.19
Reserve for Real Estate Taxes	30,258.99
Reserve for Workers' Compensation	13,840.16
Reserve for Unemployment Compensation	35,700.00
Reserve for Medicare Allowance 1973	25,000.00
Reserve for Life Insurance Employees	11,625.79
Reserve for Liability Insurance	5,129.95
Fiduciary Exchange Accounts	120,138.19
TOTAL LIABILITIES	$1,496,222.00

TREASURER'S EQUITY

Treasurer's Equity as of 9/30/74	$5,303,616.37
Add: Cash from Treasurer Y.T.D.	3,370,000.00
CUMULATIVE DEPRECIATION	398,427.82
Less: Operating Surplus or (Deficit)	(13,550.47)
Disbursements Y.T.D. Special Funds	(2,461,715.67)
Disbursements Y.T.D. Capital Additions	(445,792.35)
Treasurer's Equity of 9/30/75	6,150,985.70
TOTAL LIABILITIES AND TREASURER'S EQUITY	$7,647,207.70

McLean Hospital

OPERATING STATEMENT

(For year ending September 30, 1975)

	1975	1974
CENSUS		
Patient Days	95,077	96,087
Average Daily Census	260	263
Percent of Occupancy	81%	82%
Number of Beds Available	320	320
INCOME		
Room and Care	$12,862,600	$10,808,678
Day and Night Care	781,741	646,661
Outpatient Clinic	589,920	544,500
Other Patient Income	2,035,686	1,524,473
Other Nonpatient Income	884,001	785,032
TOTAL OPERATING INCOME	17,153,948	14,309,344
DEDUCTIONS FROM INCOME		
Free Service — Inpatients	383,723	414,488
Free Service — Day and Night Care	25,565	20,038
Free Service — Outpatient Clinic	246,850	257,643
Medicare Allowance	68,278	41,625
Blue Cross Allowance	37,297	(16,159)
Courtesy Allowance	530	2,131
Provision for Doubtful Accounts	278,834	156,719
TOTAL DEDUCTIONS FROM INCOME	1,041,077	876,485
NET OPERATING INCOME	16,112,871	13,432,859
EXPENSES		
Salaries and Wages (Nursing)	3,916,441	3,534,543
Salaries and Wages (Other)	7,093,775	6,202,544
Total Salaries and Wages	11,010,216	9,737,087
Supplies	916,543	1,158,333
Outside Services	1,274,419	864,076
Depreciation	498,424	451,825
Other Expenses	2,426,818	1,487,245
TOTAL EXPENSES	16,126,420	13,698,566
OPERATING SURPLUS OR (DEFICIT)	(13,549)	(265,707)
OTHER INCOME		
Treasurer's Income	131,629	80,919
Less Treasurer's Expense	28,810	98,009
NET TREASURER'S INCOME (DEFICIT)	102,819	(17,090)
NET SURPLUS OR (DEFICIT)	$ 89,270	$ (282,797)

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*).

The following abbreviations are used:

B.C.H. — Boston City Hospital, 818 Harrison Ave., Boston, Mass. 02118
B.H.H.C. — Bunker Hill Health Center, 73 High Street, Charlestown, Mass. 02129
B.I.H. — Beth Israel Hospital, 330 Brookline Ave., Boston, Mass. 02215
B.H.W. — Boston Hospital for Women, Lying-In Division, 221 Longwood Ave., Boston, Mass. 02115
B.U.H. — Boston University Hospital, 750 Harrison Ave., Boston, Mass. 02118
C.H.M.C. — Children's Hospital Medical Center, 300 Longwood Ave., Boston, Mass. 02115
D.S.H. — Danvers State Hospital, 450 Maple Street, Danvers, Mass. 01923
H.M.S. — Harvard Medical School, 25 Shattuck Street, Boston, Mass. 02115
H.S.D.M. — Harvard School of Dental Medicine, 188 Longwood Ave., Boston, Mass. 02115
H.S.P.H. — Harvard School of Public Health, 665 Huntington Ave., Boston, Mass. 02115
L.M.H.C. — Lindemann Mental Health Center, Government Center, Boston, Mass. 02114
L.S.H. — Lemuel Shattuck Hospital, 170 Morton Street, Jamaica Plain, Mass. 02130
McL. — McLean Hospital, 115 Mill Street, Belmont, Mass. 02178
M.E.E.I. — Massachusetts Eye & Ear Infirmary, 243 Charles Street, Boston, Mass. 02114
M.G.H. — Massachusetts General Hospital, Fruit Street, Boston, Mass. 02114
M.I.T. — Massachusetts Institute of Technology, 77 Massachusetts Ave., Cambridge, Mass. 02139
M.M.H.C. — Massachusetts Mental Health Center, 74 Fenwood Road, Boston, Mass. 02115
N.E.M.C.H. — New England Medical Center Hospitals, 171 Harrison Ave., Boston, Mass. 02111
N.E.D.H. — New England Deaconess Hospital, 16 Deaconess Rd., Boston, Mass. 02215
P.B.B.H. — Peter Bent Brigham Hospital, 721 Huntington Ave., Brookline, Mass. 02115
R.B.B.H. — Robert Breck Brigham Hospital, 125 Parker Hill Ave., Roxbury, Mass. 02120
R.F. — Retina Foundation, 20 Staniford Street, Boston, Mass. 02114
S.B.I. — Shriners Burns Institute, 41 Blossom Street, Boston, Mass. 02114
V.A.H. (W.R.) — Veterans Administration Hospital, 1400 V.F.W. Parkway, West Roxbury, Mass. 02132

*Aaron, Roy K.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

*Abbott, John A., *Psychiatry* '35
Board of Consultation; Senior Consulting Staff (McL.)
Zero Emerson Place, Boston, Mass. 02114

*Abbott, William M., *Surgery* '71
Assistant Surgeon
M.G.H.

Abel, Ronald M., *Surgery* '73
N.Y. Hospital Cornell Medical Center
525 E. 68th Street
New York, N.Y. 10018

*Aber, Robert C., *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

*Abernethy, Robert S., *Psychiatry* '72
Clinical Associate in Psychiatry
North Suffolk Mental Health Clinic
14 Porter Street
East Boston, Mass. 02128

Abi-Torbey, Khalill, *Urology* '62
Immeuble Tabet
rue Abdel Wahab el Inglizi
Beirut, Lebanon

*Abraham, Henry D., *Psychiatry* '74
Clinical Associate in Psychiatry
M.G.H.

Abrahamian, H. Arto, *Anesthesia* '56
Grace-New Haven Community Hospital
New Haven, Conn. 06504

Abrahams, Saliem M., *Anesthesia* '73
32002 Cambridge Drive
Livonia, Michigan 48154

*Abrahm, Janet Lee, *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

Abramowicz, Mark, *Children's* '62
Bronx Municipal Hospital
Bronx, N.Y. 10461

*Abramowitz, Harold
Clinical Associate in Psychiatry
Zero Emerson Place, Boston, Mass. 02114

Acheson, George H., *Medicine* '39
25 Quissett Avenue
Woods Hole, Mass. 02543

Ackerman, A. Bernard, *Dermatology* '68
New York University Medical Center
562 First Avenue
New York, N.Y. 10016

Ackerman, Irving P., *Medicine* '55
1960 North Edgemont St.
Los Angeles, Calif. 90027

*Ackerman, Robert H., *Neurology* '70
Assistant in Radiology
Clinical Assistant in Neurology
M.G.H.

Ackerstein, Harold, *Radiology* '75
9936 Julliard Dr.
Bethesda, Md. 20014

*Ackil, Albert A.
Clinical and Research Fellow
in Neurology
M.G.H.

*Ackroyd, Frederick W., *Surgery* '63
Clinical Associate in Surgery
Mt. Auburn Hospital
330 Mt. Auburn Street
Cambridge, Mass. 02138

*Adams, F. Dennette, *Medicine* '18
Senior Consulting Staff
266 Beacon Street, Boston, Mass. 02116

Adams, Herbert D., *Surgery* '34
77 Arnold Road
Wellesley Hills, Mass. 02181

*Adams, John, Jr.
Board of Consultation
704 Huntington Avenue
Boston, Mass. 02115

*Adams, John B.
Clinical and Research Fellow in Medicine
M.G.H.

Adams, John E., *Pathology* '62
1311 Doves Cove Road
Towson, Md. 21204

Adams, Patricia C., *Children's* '70
C.H.M.C.

*Adams, Raymond D., *Neurology* '38
Chief of Neurological Service
Neuropathologist
M.G.H.

*Adams, William P.
3rd Year Resident in Surgery
M.G.H.

Adamson, Gilbert L., *Neurology* '30
Winnipeg Clinic
Winnipeg, Manitoba, Canada

*Addante, Rocco R.
1st Year Resident in Oral
Surgery
M.G.H.

*Adelson, William J.
Clinical Associate in Pediatrics
Sudbury Medical Center
616 Boston Post Road
South Sudbury, Mass. 01776

Adler, Scott, *Orthopaedics* '59
4105 Silver St., S.E.
Albuquerque, N.M. 87108

*Agnew, Malcolm E.
Clinical Fellow in Anesthesia
M.G.H.

*Agranat, Barry J., *Oral Surgery* '65
Clinical Associate in Oral Surgery
976 Main St., Waltham, Mass. 02154

Agus, Saul G., *Medicine* '70
271 Congressional Lane
Rockville, Md. 20850

*Ahluwalia, Bhagwat D.
Assistant in Physics (Radiology)
M.G.H.

*Aikawa, Naoki
Clinical and Research Fellow in Surgery
S.B.I.

*Aisenberg, Alan C.
Associate Physician
M.G.H.

*Akanuma, Hiroshi
Research Fellow in Biochemistry
(Neurology)
Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

Akins, Carlton M., *Orthopaedic Surgery* '72
Hutton Rd., Dover, Mass. 02030

Akins, Cary W., *Surgery* '75
Dept. of Thoracic Surgery
Wilford Hall Medical Center
Lackland Air Force Base
San Antonio, Tex. 78236

Albert, Joseph, *Dermatology* '60
657 Franklin St., Framingham, Mass.
01701

*Albert, Thomas W., *Oral Surgery* '75
Clinical Fellow in Oral Surgery
M.G.H.

Albright, Edwin C., *Medicine* '42
3901 Euclid Avenue
Madison, Wis. 53711

*Albright, Nile, *Surgery* '74
Clinical Associate in Surgery
Deaconess Medical Building
110 Francis Street
Boston, Mass. 02215

Albuquerque, Paulo F., *Urology* '44
Rua Assembleia 51
Rio de Janeiro, Brazil

Alexander, William H., *Surgery* '23
411 East "C" Street
Iron Mountain, Mich. 49801

*Ali, Hassan H.
Assistant Anesthetist
M.G.H.

*Allen, David F.
Clinical and Research Fellow
in Psychiatry
M.G.H.

Allen, David W., *Medicine* '56
Veterans Administration Hosp.
Minneapolis, Minn. 55417

Allen, Henry F., *Surgery* '43
200 Beacon Street, Boston, Mass. 02116

Allen, Terence R., *Orthopaedics* '76
Northwick Park Hospital
Watford Road, Harrow
Middlesex, U.K. HA1 3UJ

Allison, Charles R., *Medicine* '40
15 Prince Street, Rochester, N.Y. 14607

*Allsop, John R.
Clinical and Research Fellow
in Surgery
S.B.I.

*Allukian, Myron, Jr.
Clinical Associate in Oral Surgery
B.H.H.C.

*Allyn, Thomas R.
2nd Year Resident in Medicine
M.G.H.

*Alonso, Anne W.
Clinical & Research Fellow in Psychology
M.G.H.

Alper, Joseph C., *Dermatology* '73
28 Alder Court
E. Greenwich, R.I. 02818

Alpers, David H., *Medicine* '62
Washington University School of Medicine
St. Louis, Mo. 63110

*Alpert, M. Elliot
Assistant Physician
M.G.H.

*Alpert, Nathaniel M.
Assistant Physicist (Radiology)
M.G.H.

Alston, Edwin F., *Pathology* '45
2345 California Street
San Francisco, Calif. 94115

Alt, Richard E., *Surgery* '33
343 Dodge Street, Beverly, Mass. 01915

*Altbaum, Robert A.
2nd Year Resident in Medicine
M.G.H.

*Althausen, Alex F., *Surgery* '71, *Urology* '74
Assistant in Urology
M.G.H.

*Altman, Jack L.
Assistant Psychologist
McL.

*Alton, William J., *Medicine* '75
Research Fellow in Medicine
M.G.H.

*Amadio, Peter C.
1st Year Resident in Orthopaedic Surgery
M.G.H.

Amend, William J.C., Jr., *Medicine* '72
3024 Anguello
Burlingame, Calif. 94010

*Ames, Adelbert III
Neurophysiologist, Neurosurgery
M.G.H.

Amick, Arthur F., *Medicine* '58
51 S. Union Street
Cambridge, N.Y. 12816

*Ammon, John R.
1st Year Resident in Anesthesia
M.G.H.

Andersen, Erik W., *Anesthesia* '48
Gentofte Hospital
Hellerup, Denmark

*Anderson, Donald F.
Assistant Psychologist (Neurology)
Walter E. Fernald School
200 Trapelo Road, Waltham, Mass. 02154

*Anderson, Elroy E., *Children's* '60
Clinical Associate in Pediatrics
Bass River Pediatric Associates
237 Station Avenue
South Yarmouth, Mass. 02664

Anderson, Erna G., *Children's* '43
Medical Department
Eastman Kodak Company
1669 Lake Avenue, Rochester, N.Y. 14615

*Anderson, Frank H.
Chief Resident in Neurology
M.G.H.

Anderson, H. Clarke, *Pathology* '59
Downstate Medical Center
Brooklyn, N.Y. 11203

*Anderson, Jeffrey L.
2nd Year Resident in Medicine
M.G.H.

Anderson, Randolph L., *Orthopaedics* '27
1207 Upper Ridgeway Road
Charleston, W. Va. 25314

*Anderson, William H., *Psychiatry* '71
Assistant Psychiatrist
M.G.H.

Andrew, Norman W., *Anesthesia* '56
78 Revere Street, Boston, Mass. 02114

*Andres, Joel M.
Clinical and Research Fellow in Pediatrics
M.G.H.

*Annino, Donald J.
Clinical Associate in Pediatrics
175 Washington Street
Winchester, Mass. 01890

*Antel, Jack P.
Clinical and Research Fellow in Neurology
M.G.H.

*Antonio, Robert P., *Anesthesia* '75
Clinical Fellow in Anesthesia
M.G.H.

*Antoon, Alia Y.
Assistant Pediatrician
S.B.I.

Appel, Stanley H., *Medicine* '61
Duke University Medical Center
Durham, N.C. 27705

*Aprille, June R.
Assistant Biochemist, Children's Service
S.B.I.

*Apter, Roy J.
3rd Year Resident in Pathology
M.G.H.

*Aquino, Telmo M.
2nd Year Resident in Neurology
M.G.H.

*Arees, Edward A.
Assistant in Neuropathology
M.G.H.

Arenson, Ronald L., *Radiology* '74
National Naval Medical Center
Wisconsin Avenue
Bethesda, Maryland 20014

*Arnason, Barry G.W., *Neurology* '59
Associate Neurologist
M.G.H.

*Arndt, Kenneth A., *Dermatology* '64
Clinical Associate, Dermatology
B.I.H.

*Arnett, Faye Bush
Assistant Psychologist (Neurology)
E.K. Shriver Center
200 Trapelo Road
Waltham, Mass. 02154

Arnstein, A. Robert, *Medicine* '57
285 Hawthorne Road
Birmingham, Michigan 48009

*Aronow, Saul
Associate Physicist, Radiology
M.G.H.

Arrowood, Julia G., *Anesthesia* '36
440 E. Mass. Avenue
Southern Pines, N.C. 28387

*Arroyo, Maria D.
1st Year Resident in Neurology
M.G.H.

Arthur, Ransom J., *Children's* '52
11361 Isleta
Los Angeles, Calif. 90049

Arzimanoglu, Anthony A., *Orthopaedics* '52
3 Herodotoy Street, Athens Greece 138

Asbury, Arthur K., *Medicine* '60
Pathology '62, *Neurology* '63
Dept. of Neurology
Hospitals of the University of Pennsylvania
Philadelphia, Pa. 19104

Asbury, Robert F., *Medicine* '75
National Institutes of Health
Building 10
Bethesda, Md. 20014

*Aserkoff, Bernard R.
Assistant Physician
5 Emerson Place
Boston, Mass. 02114

Ash, Homer L., *Dental Medicine* '62
127 Washington Street,
Keene, N.H. 03431

Asher, Marc A., *Orthopaedics* '70
University of Kansas Medical Center
Kansas City, Kansas 66103

*Astrom, Karl E.
Associate Neuropathologist, Neurology
and Pathology
M.G.H.

*Athanasoulis, Christos A.
Assistant Radiologist
M.G.H.

Atherton, L. Douglas, *Urology* '52
Medical Towers Building
Louisville, Ky. 40202

*Atkins, Leonard, *Pathology* '55
Associate Pathologist
M.G.H.

Atkinson, Kenneth H., *Surgery* '70
King George V Hospital
Camperdown, N.S.W. Australia

*Attia, Rafik Rizk
Clinical Associate in Anesthesia
Lynn Hospital
212 Boston Street
Lynn, Mass. 01904

*Atweh, Samir F.
1st Year Resident in Neurology
M.G.H.

*Auerbach, David A.
2nd Year Resident on the
Children's Service
M.G.H.

*Aufranc, Otto E., *Orthopaedics* '39
Senior Consulting Staff
New England Baptist Hospital
76 Parker Hill Avenue
Boston, Mass. 02120

Aufranc, St. George T., *Surgery* '70
Orthopaedic Surgery '73
Route 1, Box 23
Gales Ferry, Conn. 06335

*Ausiello, Dennis A., *Medicine* '73
Clinical and Research Fellow in Medicine
M.G.H.

*Austen, K. Frank, *Medicine* '61
Board of Consultation
R.B.B.H.

*Austen, W. Gerald, *Surgery* '60
Chief of the General Surgical Services
M.G.H.

*Austin, Richard C., *Surgery* '56
Clinical Associate, Surgery
John Cuming Building
Concord, Mass. 01742

*Autor, Sherry B.
Associate Psychologist, Psychiatry
M.G.H.

Averill, James H., *Medicine* '47
264 Elm Street
Northampton, Mass. 01060

*Averill, Robert M., Jr.
2nd Year Resident in Orthopaedic Surgery
M.G.H.

*Avruch, Joseph
Assistant Physician
M.G.H.

*Axelrod, Lloyd, *Medicine* '73
Assistant in Medicine
M.G.H.

Ayers, William B., *Surgery* '43
1554 Northern Blvd.
Manhasset, Long Island, N.Y. 11030

Ayres, Samuel, Jr., *Medicine* '20
2007 Wilshire Blvd.
Los Angeles, Calif. 90057

Babb, Joseph D., *Medicine* '68
Hershey Medical Center
Hershey, Pa. 17033

Bach, Michael C., *Medicine* '73
Toronto General Hospital
Infectious Disease Unit
Toronto, Canada

Bacon, William B., *Pathology* '51
16 Bayview Ave., Beverly, Mass. 01915

Baddock, Sheldon S., *Pathology* '66
St. Vincent's Hospital
153 West 11th Street
New York, N.Y. 10011

Badel, Daniel W., *Psychiatry* '42
11328 Euclid Avenue
Cleveland, Ohio 44106

*Baden, Howard P., *Dermatology* '60
Assistant Dermatologist
M.G.H.

*Badger, Theodore L., *Medicine* '28
Board of Consultation
264 Beacon Street, Boston, Mass. 02116

Bailey, Nelson E., *Dental Medicine* '64
106 W. Pine Street, Selinsgrove, Pa. 17870

*Baird, Roger N.
Clinical and Research Fellow in Surgery
M.G.H.

Bakay, Louis, *Neurosurgery* '51
Edward J. Meyer Memorial Hospital
Buffalo, N.Y. 14215

*Baker, Ann L.S., *Medicine* '71
Assistant Physician
M.G.H.

Baker, Dudley M., *Orthopaedics* '62
332 Dewey Street
Bennington, Vt. 05201

*Baker, Edward P., Jr., *Neurosurgery* '64
Assistant Visiting Neurosurgeon
61 Libby Street, Brockton, Mass. 02402

*Baker, George P., Jr., *Medicine* '61
Physician
M.G.H.

*Baker, Myles P., *Medicine* '30
Senior Consulting Staff
262 Beacon Street, Boston, Mass. 02116

Baker, Russell L., *Neurology* '43
9370 SW Greenburg Rd.
Portland, Ore. 97223

Baker, William G., Jr., *Medicine* '64
501-11th Street N.
St. Petersburg, Fla. 33705

*Baker, William H.
Physician
M.G.H.

Baker, William J., *Surgery* '43
724 Main Street, Laconia, N.H. 03246

*Balboni, Victor G., *Medicine* '42
Assistant Physician
M.G.H.

*Balch, Franklin G., Jr., *Surgery* '25
Board of Consultation
24 Coolidge Avenue
Cambridge, Mass. 02138

*Baldessarini, Ross J.
Psychiatrist
M.G.H.

*Baldwin, John C.
2nd Year Resident in Medicine
M.G.H.

Baldwin, Wayne E., *Anesthesia* '68
I.C.R.C. Box 1161, Lagos, Nigeria

*Bales, Robert F.
Consultant in Sociology (Psychiatry)
Harvard University-William James Hall
Cambridge, Mass. 02139

*Ballantine, H. Thomas, Jr., *Surgery* '41
Neurosurgery '41
Visiting Neurosurgeon
M.G.H.

Ballenger, James C., *Psychiatry* '74
Bethesda Naval Hospital
Department of Psychiatry
Bethesda, Maryland 20014

Bandeian, Alice M., *Anesthesia* '44
210 Pine Street, Holyoke, Mass. 01041

Bandler, Bernard, *Psychiatry* '41
157 Brattle Street
Cambridge, Mass. 02138

*Bandman, Everett
Research Fellow in Biochemistry (Surgery)
M.G.H.

Banker, Betty Q., *Neuropathology* '54
Cleveland Metropolitan General Hospital
Cleveland, Ohio 44109

Banks, Henry H., *Orthopaedics* '52
N.E.M.C.H.

Banks, Rafe, Jr., *Surgery* '43
290 Enota Drive, N.E.
Gainesville, Ga. 30501

*Barber, Doris E.
Clinical Assistant in Medicine
Middlesex County Hospital
Waltham, Mass. 02154

Barekat, Ali A., *Surgery* '67
Saadi Hospital
Shiraz, Iran

Baringer, J. Richard, *Medicine* '61
Pathology '65, *Neurology* '66
Veterans Administration Hospital
42nd Ave. & Clement Street
San Francisco, Calif. 94121

Barker, Robert H., *Surgery* '37
454 Brookline Avenue
Boston, Mass. 02215

Barlow, John F., *Pathology* '63
320 East 21st St., Sioux Falls, S.D. 57105

*Barlow, John S., *Neurology* '56
Neurophysiologist, Neurology
M.G.H.

Barlow, Joseph J., *Medicine* '55
Roswell Park Memorial Institute
666 Elm Street
Buffalo, N.Y. 14203

*Barnes, Ann B., *Surgery* '64
Assistant Surgeon
M.G.H.

*Barnes, Benjamin A., *Surgery* '52
Board of Consultation
N.E.M.C.H.

Barnett, Charles G., *Medicine* '54
Franklin Medical Office Building
45 Castro St., Suite 138
San Francisco, Calif. 94114

*Barnett, G. Octo
Associate Physician
M.G.H.

Barnett, Thomas B., *Medicine* '50
University of North Carolina
School of Medicine
Chapel Hill, N.C. 27515

*Barr, Joseph S., Jr., *Orthopaedics* '68
Assistant Orthopaedic Surgeon
M.G.H.

*Barrett, James E.
Assistant Psychiatrist
L.M.H.C.

Barrett, John P., Jr., *Orthopaedic Surgery* '72
40 Fairfax Street
Burlington, Mass. 01830

Barrett, Peter Van D., *Medicine* '66
29377 Quail Wood Dr.
Palos Verdes Peninsula, Calif. 90274

Barretto, Oscar de F., *Anesthesia* '44
Rua Armando Penteado 356
(Pacaembu), Sao Paulo, Brazil

*Barrie, Joseph R., *Surgery* '65
Clinical Associate in Surgery
John Cuming Building
Concord, Mass. 01742

Barron, Kenneth G., *Surgery* '75
Cardiac Surgery
University of Chicago Hospital
Chicago, Ill. 60637

Barrow, David W., *Surgery* '37
116 W. Silver Spring Drive
Milwaukee, Wis. 53217

Barrows, Lawrence J., *Neurology* '52
Neuropathology '53
Bridgewater State Hospital
Bridgewater, Mass. 02324

*Barry, Herbert, Jr., *Psychiatry* '44
Senior Consulting Staff
3 Hawthorne Place, Boston, Mass. 02114

Barry, Richard M., *Medicine* '57
464 Ocean Avenue
New London, Conn. 06320

Barsch, John H., *Anesthesia* '66
146 Nautilus Drive
Madison, Wisconsin 53705

Barsh, Laurence I., *Oral Surgery* '62
The Fairfield-Plaza, 790 Boylston Street
Prudential Center, Boston, Mass. 02199

*Barsky, Arthur J.
3rd Year Resident in Psychiatry
M.G.H.

Barss, Theodore P., *Anesthesia* '50
332 Windsor Ave., Medford, Ore. 97501

Barth, Tucker A., *Orthopaedics* '57
2420 N. California Street
Stockton, Calif. 95204

*Bartlett, Marshall K., *Surgery* '31
Senior Consulting Staff
43 Chestnut Street, Dedham, Mass. 02026

Barton, Theodore C., *Surgery* '64
33 Pond Avenue
Brookline, Mass. 02146

Bate, John T., *Urology* '25
301 W. Ormsby Avenue
Louisville, Ky. 40203

Batt, Richard C., *Radiology* '40
83 Park Street, Glens Falls, N.Y. 12801

Battat, Felix A., *Orthopaedics* '61
2485 High School St., Concord, Calif. 94520

*Battit, George E., *Anesthesia* '61
Anesthetist
M.G.H.

Baue, Arthur E., *Surgery* '61
333 Cedar St.
New Haven, Conn. 06510

Bauer, Frank L., *Pathology* '41
600 Grant Street
Pittsburgh, Pa. 15219

*Bauer, Frederik L. R.
Clinical and Research Fellow
in Surgery
M.G.H.

Bauer, Reginald A., *Oral Surgery* '74
Department of Oral Surgery
Harbor General Hospital
1000 West Carson Street
Torrance, Calif. 90509

*Baum, Victor C.
3rd Year Resident on the Children's Service
M.G.H.

*Bauman, Margaret L., *Neurology* '70
Assistant in Pediatrics
M.G.H.

*Bauman, Roger A.
Associate Radiologist
M.G.H.

Baumgartner, Donavin A., Jr., *Surgery* '61
85 Windbrush Dr.
Moreland Hills, Ohio, 44022

Bautista, Florosa A., *Children's* '58
Veterans Memorial Hospital
Quezon City, Philippine Islands

Bear, David M., *Psychiatry* '74
National Institute of Mental Health
Bethesda, Maryland 20852

Beardslee, William R., *Psychiatry* '74
Judge Baker Guidance Center
Longwood Avenue
Boston, Mass. 02115

*Beck, Clyde H., Jr.
Assistant Physician
M.G.H.

Beck, Laurence H., *Medicine* '68
112 Banbury Way
Wayne, Pa. 19087

*Beck, William S.
Associate Physician; Director of
Clinical Laboratories
M.G.H.

*Becker, Carter M.
Clinical and Research Fellow in Medicine
M.G.H.

*Becker, Daniel I.
Clinical Associate in Radiology
M.G.H.

*Becker, David J.
Clinical Assistant in Medicine
M.G.H.

Becker, Lewis C., *Medicine* '68
311 Southway
Baltimore, Md. 21218

Beckman, Edwin, *Pathology* '74
National Naval Medical Center
Department of Pathology
Bethesda, Maryland 20014

Bedell, Richard F., *Children's* '58
285 Brookside Court
Boulder, Colo. 80302

Bedell, Wallace C., *Surgery* '45
30 Reade Place
Poughkeepsie, N.Y. 12601

*Beecher, Henry K., *Surgery* '36
Board of Consultation
101 Chestnut St., Boston, Mass. 02108

Beeman, Carl B., *Pathology* '54
515 Lakeside Drive
Grand Rapids, Mich. 49506

Behrendt, Douglas M., *Surgery* '71
2121 Woodside Dr.
Ann Arbor, Mich. 48103

*Behringer, Glenn E., *Surgery* '52
Associate Visiting Surgeon
Chief of Surgical Clinic
M.G.H.

Beierholm, Edward A., *Anesthesia* '72
26 E. Shepard Street
Cambridge, Mass. 02138

*Beiser, Morton
Assistant Psychiatrist
M.G.H.

*Beitins, Inese Z.
Assistant Pediatrician
M.G.H.

Bell, Carol A., *Pathology* '65
3828 Hughes Avenue
Culver City, Calif. 91604

Bell, George O., *Medicine* '36
31 Priscilla Road
Wellesley Hills, Mass. 02181

Bell, James P., *Orthopaedics* '59
605 N.W. 10th Street
Oklahoma City, Okla. 73103

Bell, John F., *Orthopaedics* '41
Crotched Mountain Foundation
Greenfield, N.H. 03047

Bell, Michael H., *Orthopaedics* '63
10/3 195 Granville Street
Vancouver, B.C., Canada

*Beller, George A.
Clinical Assistant in Medicine
M.G.H.

*Bellinger, Martin J.
Clinical Assistant in Surgery
114 Waltham Street
Lexington, Mass. 02173

*Belsey, Richard E.
Clinical Assistant in Medicine
M.G.H.

Bendheim, Otto L., *Medicine* '38
5051 N. 34th Street
Phoenix, Ariz. 85018

*Benedict, Karl T., Jr., *Radiology* '71
Clinical Associate in Radiology
St. Vincent's Hospital
Worcester, Mass. 01110

Bengle, Armand L., Jr., *Surgery* '47
Anesthesia '51
626 Goodhill Rd., Kentfield, Calif. 94904

*Bennett, Doris R., *Children's* '52
Clinical Associate in Pediatrics
14 Richard Street, Medford, Mass. 02155

*Bennion, Lynn J., *Medicine* '72
Clinical Fellow in Medicine
M.G.H.

*Bentley, Donald
Clinical Fellow in Pediatrics
B.H.H.C.

*Benz, Ronald R., *Children's* '74
Associate Pediatrician
M.G.H.

Bercovitch, Lionel G., *Medicine* '72
5 Easton Avenue
White Plains, N.Y. 10605

*Bercu, Barry B., *Children's* '72
Clinical and Research Fellow in Pediatrics
One Emerson Place
Boston, Mass. 02114

*Berenberg, William
Consultant in Pediatrics
C.H.M.C.

Berg, Gerald R., *Radiology* '74
Department of Radiology
Waterbury Hospital
64 Robbins Street
Waterbury, Conn. 06720

Berg, Howard W., *Dermatology* '36
52 Euclid Avenue, Delmar, N.Y. 12154

Berg, Robert L., *Medicine* '50
University of Rochester School of
Medicine and Dentistry
Rochester, N.Y. 14620

*Berger, Eric G.
Clinical and Research Fellow in Medicine
M.G.H.

*Bergman, Ira, *Children's Service* '76
1st Year Resident in Neurology
M.G.H.

Berke, Raymond A., *Radiology* '70
Fountain Valley Community Hospital
17100 Euclid Avenue
Fountain Valley, Calif. 92708

Berkheimer, George A., *Orthopaedics* '41
325 N. Front Street, Harrisburg, Pa. 17101

Berkowitz, Ivor D., *Pathology* '74
New England Deaconess Hospital
185 Pilgrim Road
Boston, Mass. 02215

*Berkowitz, Leonard B.
Clinical and Research Fellow in Medicine
M.G.H.

*Bernad, Peter
1st Year Resident in Neurology
M.G.H.

*Bernstein, Jerrold G.
Assistant Psychiatrist
Human Resource Institute
227 Babcock Street
Brookline, Mass. 02146

*Bernstein, Norman R., *Psychiatry* '54
Psychiatrist
M.G.H.

Bernstein, Philip, *Orthopaedic Surgery* '71
U.S. Air Force Regional Hospital
Carswell AFB, Ft. Worth, Texas 76101

*Berrien, Frederick B.
Clinical Associate on Children's Service
Matthew Thornton Health Plan, Inc.
591 West Hollis St.
Nashua, N.H. 03060

*Bertolami, Charles N.
1st Year Resident in Oral Surgery
M.G.H.

Berwick, Donald M., *Medicine* '73
Town Street
Moodus, Conn. 06469

Berzofsky, Jay A., *Medicine* '74
National Institutes of Health
Building 10
Bethesda, Md. 20014

*Bhan, Atul K.
Assistant in Pathology
M.G.H.

Bickley, Donald W., *Medicine* '36
2001 Kimball Avenue
Waterloo, Iowa 50702

Bidwell, Robinson LeR. II, *Surgery* '43
Neurosurgery '49
31 Bramhall Street, Portland, Maine 04102

*Biebuyck, Julien F.
Assistant Anesthetist
S.B.I.

Bienvenu, Lester J., *Dermatology* '51
540 Chestnut Street
Manchester, N.Y. 03101

Bierbaum, Benjamin E., *Orthopaedics* '66
319 Longwood Avenue
Boston, Mass. 02115

*Bigby, Michael E.
2nd Year Resident in Medicine
M.G.H.

*Biggs, Peter J.
Assistant Radiation Biophysicist
in Radiation Medicine
M.G.H.

*Bigos, Stanley T.
Clinical and Research Fellow in Medicine
M.G.H.

Bilheimer, David W., *Medicine* '69
6823 Prestonshire Lane
Dallas, Texas 75225

*Biller, Bruce J.
Clinical Fellow in Medicine
M.G.H.

Billig, Harvey E., Jr., *Orthopaedics* '35
The Billig Clinic
401 Ross Street, Glendale, Calif. 91207

*Billings, John A.
Clinical Fellow in Medicine
M.G.H.-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

*Binger, Carl A.L., *Medicine* '15
Board of Consultation
21 Lowell Street, Cambridge, Mass. 02138

Binion, John T., *Medicine* '54
610 N. Washington Street
Dallas, Texas 75246

*Bird, Kenneth T., *Medicine* '44
Associate Physician
M.G.H.

Birnbaum, Howard W., *Oral Surgery* '75
24 Edgeworth Ave., Hendon
London, England

Birnholz, Jason C., *Radiology* '73
Stanford University
Medical Center
Stanford, Calif. 94305

Bisgard, James D., *Surgery* '24
26349 Ocean View
Carmel, Calif. 93921

Bishop, Ronald C., *Medicine* '49
V.A. Hospital
2215 Fuller Road, Ann Arbor, Mich. 48105

*Biswas, Chitra
Assistant Biochemist (Medicine)
M.G.H.

*Biswas, Ritendra K.
Research Fellow in Dermatology
M.G.H.

Bixby, H. Irving, *Surgery* '24
155 Sippewissett Road
Falmouth, Mass. 02541

*Black, Edward B.
3rd Year Resident in Radiology
M.G.H.

*Black, Paul H., *Medicine* '61
Associate Physician
M.G.H.

*Black, Peter M., *Surgery* '72
2nd Year Resident in Neurosurgery
M.G.H.

*Blacker, Edward
Assistant Psychologist, Psychiatry
M.G.H.

Blade, William R., *Radiology* '58
303 Isabel Drive, Santa Cruz, Calif. 95060

Blades, James F., *Neurosurgery* '37
4908 Monument Avenue
Richmond, Va. 23230

*Blanco, Maria C.
Visiting Fellow in Medicine
M.G.H.

*Blanco, Pedro S.
Clinical Fellow in Surgery
M.G.H.

*Bland, Edward F., *Medicine* '29
Senior Consulting Staff
Zero Emerson Place, Boston, Mass. 02114

*Bland, John H.L.
Associate Anesthetist
M.G.H.

*Blank, Irvin H.
Associate Biochemist, Dermatology
M.G.H.

Blennerhassett, John B., *Pathology* '71
Prof. of Pathology
University of Otago
Dunedin, New Zealand

*Bloch, Kurt J., *Medicine* '61
Physician
M.G.H.

Block, Gordon L., *Urology* '50
8138 Fontaine Court
Cincinnati, Ohio 45236

*Block, Peter C., *Medicine* '66
Assistant Physician
M.G.H.

Blodgett, Frederic M., *Children's* '50
Medical College of Wisconsin
Milwaukee, Wisc. 53233

Blodgett, William H., *Orthopaedics* '40
1612 Kales Building, Detroit, Mich. 48226

*Bloom, Edward R.
Assistant Podiatrist, Orthopaedics
41 Winter Street, Boston, Mass. 02115

*Bloomberg, Wilfred, *Neurology* '31
Consultant in Psychiatry
16 Farrar Street
Cambridge, Mass. 02138

Bloomfield, Daniel K., *Medicine* '57
103 E. Michigan Ave.
Urbana, Illinois 61801

Blubaugh, Sidney A., *Anesthesia* '65
Emergency Dept., P.O. Box 2071
Phoenix, Arizona 85001

*Blumenthal, David
2nd Year Resident in Medicine
M.G.H.

*Blumer, Dietrich P.
Associate Psychiatrist
M.G.H.

*Boardman, Donnell W.
Clinical Assistant, Medicine
Acton Medical Associates
Acton, Mass. 01720

Bobroff, Lewis M., *Medicine* '70
66 Parkside Drive
Suffern, NY 10901

*Bock, Arlie V., *Medicine* '24
Board of Consultation
75 Mt. Auburn Street
Cambridge, Mass. 02138

*Bode, Hans H.
Associate Pediatrician
S.B.I.

*Bodnar, Andrew G.
2nd Year Resident in Medicine
M.G.H.

*Boerstling, Herbert, *Children's* '70
Assistant in Pediatrics
Harvard Community Health Plan
8 Mt. Auburn Street
Cambridge, Mass. 02138

Boger, William P., *Medicine* '42
Dome Labs, Division Miles Labs, Inc.
400 Morgan Lane
West Haven, Conn. 06516

*Bogosian, Armen J.
1st Year Resident in Anesthesia
M.G.H.

Bohrer, Stanley P., *Surgery* '59, *Radiology* '63
207 Park Drive, #33
Boston, Mass. 02215

Boivin, Maurice J., *Anesthesia* '61
135 Vermont Street, Holyoke, Mass. 01040

Boland, Arthur L., *Orthopaedics* '67
C.H.M.C.

*Bondoc, Conrado C.
Assistant in Surgery
S.B.I.

*Bonner, Frances J.
Assistant Psychiatrist
160 Lake Avenue
Newton Centre, Mass. 02158

Bonnette, Harris L., *Neurology* '75
383 South Pine Street
Spartanburg, S.C. 29302

Bonomo, Gregory R., *Children's* '67
43 The Hemlocks
Roslyn Estates, N.Y. 11576

*Borah, Gregory L.
1st Year Resident in Oral Surgery
M.G.H.

*Borden, Spencer IV, *Radiology* '72
Assistant Radiologist
M.G.H.

Bordone, Lilia E., *Psychiatry* '70
Entre Rios, 830-50 B
Buenos Aires, Argentina

Borer, Jeffrey S., *Medicine* '71
Cardiac Department
Guy's Hospital
St. Thomas Street
London SE1 9RT, England

Bornstein, Donald L., *Medicine* '62
State University Hospital
Syracuse, N.Y. 13210

Bornstein, Irving D., *Dermatology* '61
McL.

*Borofsky, Gerald L.
Assistant in Psychology (Psychiatry)
L.M.H.C.

*Borus, Jonathan F.
Assistant Psychiatrist
L.M.H.C.

Bosco, Harold F., *Oral Surgery* '46
233 Main Street, New Britain, Conn. 06051

*Botstein, Paula M., *Children's* '72
Clinical Associate on the Children's Service
M.G.H.

*Boucher, Charles A.
Clinical and Research Fellow in Medicine
M.G.H.

*Boucher, Robert
Clinical and Research Fellow
in Surgery
M.G.H.

*Boudreau, Francis H.
Clinical Assistant in Surgery
1180 Beacon Street
Brookline, Mass. 02146

Bough, Edward W., *Medicine* '73
U.S. Army, Cardiology Clinic
Walson Army Hospital
Fort Dix, N.J. 08640

Bowden, Lemuel, *Surgery* '42
177 E. 79th Street, New York, N.Y. 10021

Bowen, Charles R., *Oral Surgery* '69
RFD #2 Grove Lane
Shelburne, Vermont 05482

Bower, Bruce F., *Medicine* '65
85 Jefferson Street, Hartford, Conn. 06103

*Bowie, Jack E.
Assistant in Computer Science
(Medicine)
M.G.H.

*Boxer, Michael A.
Clinical and Research Fellow in Medicine
M.G.H.

*Boyd, Peter R.
1st Year Resident (Intern)
in Pathology
M.G.H.

*Boyd, Robert E. III, *Radiology* '74
Clinical Associate in Radiology
M.G.H.

*Boyd, Robert J., *Orthopaedics* '65
Assistant Orthopaedic Surgeon
Zero Emerson Place, Boston, Mass. 02114

Boyden, Allen M., *Surgery* '34
1216 S.W. Yamhill Street
Portland, Ore. 97205

*Boyer, Arthur L.
Assistant Radiation Biophysicist
(Radiation Medicine)
M.G.H.

Boyes, Joseph H., *Pathology* '30
2300 S. Hope Street
Los Angeles, Calif. 90007

*Bradley, Richard D.
4th Year Resident in Pathology
M.G.H.

Brailey, Allen G., *Medicine* '30
1308 Walnut Street
Newton Highlands, Mass. 02161

*Braitman, Barbara S.
Assistant in Radiology
M.G.H.

Brand, Jeffrey B., *Anesthesia* '75
PSC 8 9499, Wilford Hall Medical Center
Lackland Air Force Base, Tex. 78236

Brannon, Leland C., *Neurosurgery* '55
7910 B Frost Street
San Diego, Calif. 92123

Brant, Rene S., *Pediatrics* '73
33 Maple Avenue
Newton, Mass. 02158

*Braslow, Nelson M.
2nd Year Resident in Medicine
M.G.H.

Braudo, Joseph L., *Children's* '53
Illinois Masonic Medical Centre
933 Wellington
Chicago, Ill. 60653

*Braun, Jory L.
Clinical Fellow in Medicine
M.G.H.

Brauner, Gary J., *Dermatology* '71
c/o 50 Willowbroke Rd.
Fairfield, Conn. 06430

*Brazelton, T. Berry, *Children's* '47
Clinical Associate in Pediatrics
23 Hawthorne Street
Cambridge, Mass. 02138

*Bredin, Hugh C.
Assistant in Urology
M.G.H.

Breer, Robert D., *Children's* '57
17 Haynes Street, Manchester, Conn. 06040

Brem, Steven, *Neurosurgery* '74
National Institutes of Health
Bethesda, Md. 02114

Brendler, Samuel J., *Neurosurgery* '53
N.E.M.C.H.

*Brendze, Robert B.
Assistant in Orthopaedic Surgery
Zero Emerson Place, Boston, Mass. 02114

Brenizer, Addison G., Jr., *Surgery* '44
504 Doctors Building
Charlotte, N.C. 28283

Brennan, Charles G., *Orthopaedics* '69
Salem Hospital
Salem, Mass. 01970

Brent, Robert L., *Children's* '55
Jefferson Medical College
Philadelphia, Pa. 19107

Breslow, Alexander, *Pathology* '59
George Washington University Hospital
Washington, D.C. 20037

Brewer, H. Bryan, Jr., *Medicine* '67
National Heart Institute
Bethesda, Md. 20014

*Brewster, David C.
Chief Resident in Surgery
M.G.H.

Brewster, Henry H., *Medicine* '40
University of California, Davis
510 East Magnolia Street
Stockton, Calif. 95202

Bridge, Edward M., *Children's* '27
6603 Jerry Place, McLean, Va. 22101

*Briefer, Caesar, Jr., *Medicine* '63
Clinical Associate in Medicine
565 Tech Square, Cambridge, Mass. 02139

Brier, Arnold M., *Medicine* '73
120 Demont Avenue, East
Apt. 114
St. Paul, Minn. 55117

Briggs, Burton A., *Anesthesia* '70
Loma Linda University
Loma Linda, Calif. 92354

Brindley, Clyde O., *Medicine* '50
Veterans Administration Center
Mountain Home
Johnson City, Tenn. 37684

*Bringhurst, Franklin R.
2nd Year Resident in Medicine
M.G.H.

*Briselli, Michael F.
1st Year Resident in Pathology
M.G.H.

*Brismar, Jan O. G.
Research Fellow in Radiology
M.G.H.

Broadus, Arthur E., *Medicine* '73
3704 Cardiff Road
Chevy Chase, Md. 20015

Brock, Benjamin L., *Children's* '23
310 Kramer St., Carrollton, Georgia 30117

Brode, Marvin M., *Psychiatry* '72
Assistant in Psychiatry
1 Cambridge Street Associates
Salem, Mass. 01970

*Broderick, Thomas F., Jr., *Orthopaedics* '47
Clinical Associate in Orthopaedic Surgery
697 Cambridge Street
Brighton, Mass. 02135

Brodkey, Jerald S., *Neurosurgery* '66
Case Western Reserve University
2065 Adelbert Road
Cleveland, Ohio 44106

Broennle, A. Michael, Jr., *Anesthesia* '71
Children's Hospital of Philadelphia
Philadelphia, Penna. 19104

Brons, Ronald E., *Anesthesia* '72
1127 Corvallis Drive
San Jose, CA 95120

*Brook, Jacob G.
Clinical and Research Fellow in Medicine
M.G.H.

Brooks, Benjamin R., *Neurology* '74
11015 Drumm Avenue
Kensington Heights, Md. 20795

*Brooks, Carolyn J.
Research Fellow in Surgery
M.G.H.

Brooks, Peter T., *Surgery* '49
Walla Walla Clinic
Walla Walla, Wash. 99362

Broome, Robert A., Jr., *Medicine* '44
3 W. Columbia Street, Orlando, Fla. 32806

*Broudy, Arnold S.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

*Brown, C. Allan
2nd Year Resident in Medicine
M.G.H.

Brown, Charles E., *Neurosurgery* '68
Meharry Medical College
Nashville, Tenn. 37208

Brown, Crawford S., *Dermatology* '52
8218 Wisconsin Avenue
Bethesda, Md. 20014

Brown, F. Bert, *Orthopaedics* '37
17E 52nd Street
Savannah, Ga. 31405

Brown, Lloyd, *Neurosurgery* '38
186 State Street
Bangor, Maine 04401

Brown, Michael S., *Medicine* '68
University of Texas
Southwestern Medical School
5323 Harry Hines Boulevard
Dallas, Texas 75235

Brown, Norman K., *Medicine* '58
3163 West Laurelhurst Drive
Seattle, Wash. 98105

Brown, R. Gordon, *Pathology* '42
122 S. Michigan Avenue
Chicago, Ill. 60603

Brown, Robert H., *Surgery* '45
MRC 45, Bangor, Maine 04401

Brown, Robert K., *Surgery* '42
1727 Gilpin Street
Denver, Colo. 80218

*Brown, Stephen G.
1st Year Resident in Orthopaedic Surgery
M.G.H.

*Brown, Thornton, *Orthopaedics* '49
Visiting Orthopaedic Surgeon
M.G.H.

Browne, Thomas R., *Neurology* '75
C.H.M.C., Seizure Unit

*Brownell, Gordon L.
Physicist (Radiology)
M.G.H.

Brownsberger, Carl N., *Medicine* '57
2014 Washington Street
Newton Lower Falls, Mass. 02162

Brownstein, Carlton S., *Dermatology* '72
1180 Beacon St.
Brookline, Mass. 02146

Brubaker, Richard F., *Surgery* '64
718 9th Street, S.W.
Rochester, Minn. 55901

Brues, Austin M., *Medicine* '32
Argonne National Laboratory
Argonne, Illinois 60439

*Bruner, John M.R.
Associate Anesthetist
M.G.H.

Brunjes, Carl F., *Orthopaedics* '65
209 Medical Center Building
Spokane, Wash. 99204

*Bruns, Romaine R.
Associate Biologist (Medicine)
M.G.H.

Buchanan, Robert N., Jr., *Dermatology* '41
1905 Hayes Street, Nashville, Tenn. 37203

Buchanan, Thomas M., *Medicine* '69
The Rockefeller University
New York, N.Y. 10021

Buchanan, William R., Jr., *Children's* '57
59 Sanderson Street
Greenfield, Mass. 01301

*Bucher, Nancy L.R.
Associate Biologist, Medicine
M.G.H.

*Buchwald, Irwin A.
Clinical and Research Fellow in Medicine
M.G.H.

Buckley, David K., *Psychiatry* '73
University of Miami
Miami, Florida

*Buckley, Mortimer J., Jr., *Surgery* '66
Associate Visiting Surgeon
M.G.H.

*Bugnone, Guillermo A.
Clinical Fellow in Orthopaedic Surgery
M.G.H.

Bunker, John P., *Surgery* '46, *Anesthesia* '50
Stanford Medical Center
Palo Alto, Calif. 04304

*Bunting, Douglas III
Chief Resident in Surgery
M.G.H.

*Burbank, Charles B., *Surgery* '42
Clinical Associate in Surgery
94 Pleasant Street
Arlington, Mass. 02174

Burden, Charles E., *Children's* '61
1 North St., Bath, Maine 04530

*Burdick, James F.
Clinical and Research Fellow in Surgery
M.G.H.

*Burgin, Leo B., *Children's* '35
Senior Consulting Staff
153 Kent Street, Brookline, Mass. 02146

*Burke, Donald S.
3rd Year Resident in Medicine
M.G.H.

*Burke, John F., *Surgery* '57
Surgeon; Chief, Shriners Burns Institute
S.B.I.

Burke, Mervyn F., Jr., *Surgery* '61
1300 South Eliseo Drive
Greenbrae, Calif. 94904

Burke, Robert E., *Medicine* '63, *Neurology* '64
National Institutes of Health
Bethesda, Md. 20014

Burland, George R., *Surgery* '53
Olds, Alberta, Canada

*Burnes, Daniel C.
1st Year Resident in Dermatology
M.G.H.

*Burnham, Charles A.
Associate Physicist (Radiology)
M.G.H.

*Burns, Barbara J.
Assistant Psychologist (Psychiatry)
B.H.H.C.

*Burrage, Walter S., *Medicine* '27
Board of Consultation
29 Hawthorn Road
Brookline, Mass. 02146

Burrow, Jarrell G., *Oral Surgery* '49
507 Main Street, Worcester, Mass. 01608

Burstein, Nelson A., *Pathology* '70
B.I.H.

Burton, David A., *Medicine* '71
5770 South 3rd East
Salt Lake City, Utah 84107

*Burton, James A.
Assistant in Biochemistry (Medicine)
M.G.H.

Burton, Richard I., *Orthopaedics* '68
Cleveland Clinic Foundation
Cleveland, Ohio 44106

*Bush, Michael A.
Clinical and Research Fellow in Medicine
M.G.H.

Bushnell, Leonard S., *Anesthesia* '65
B.I.H.

*Butchart, Eric G.
Research Fellow in Surgery
M.G.H.

*Butler, Allan M.
Board of Consultation
Tashmoo Farm
Vineyard Haven, Mass. 02568

Butler, Henry E., *Psychiatry* '73
16 Trowbridge St., Apt. 21
Cambridge, Mass. 02138

Butler, William T., *Medicine* '65
Baylor College of Medicine
Texas Medical Center
Houston, Texas 77025

Buttles, Roy V., *Pathology* '50
Central Vt. Medical Center
Barre, Vt. 05641

Byers, Randolph K., *Medicine* '23
C.H.M.C.

*Cable, William J.
2nd Year Resident on the Children's Service
M.G.H.

*Cade, Jerry D.
2nd Year Resident on Children's Service
M.G.H.

Cahan, Leslie D., *Surgery* '72
Department of Neurosurgery
University of California, Los Angeles
Center for the Health Science
Los Angeles, Calif. 90024

*Cahen, Lucienne A., *Children's Service* '74
56 Chilton Street
Cambridge, Mass. 02138

Calderon, Doninador C., *Dermatology* '67
Calfur Hotel
Thomas Claudio Street
Davao City, Philippine Islands

*Calderwood, Stephen B.
2nd Year Resident in Medicine
M.G.H.

Calkins, Evan, *Medicine* '52
Buffalo General Hospital
Buffalo, N.Y. 14203

Cameron, Fergus M., *Anesthesia* '68
B.H.W.

Cameron, Howard S., *Orthopaedics* '57
450 Central Avenue
London, Ontario, Canada

Campbell, Carlos C., *Children's* '72
c/o United States Embassy, El Salvador
Central American Research Station
APO New York, N.Y. 09889

Campbell, Charles R., *Pathology* '55
100 S. San Mateo Drive
San Mateo, Calif. 94401

*Campbell, Crawford J.
Visiting Orthopaedic Surgeon
M.G.H.

*Campion, Edward W.
3rd Year Resident in Medicine
M.G.H.

Cannellos, George P., *Surgery* '61, *Medicine* '66
Sidney Farber Cancer Center
Boston, Mass. 02115

*Caner, G. Colket, *Medicine* '24
Board of Consultation
63 Marlborough Street, Boston, Mass. 02116

*Canessa, Mitzy L.
Visiting Associate Biologist
(Medicine)
M.G.H.

Canlas, Benjamin D., Jr., *Pathology* '56
College of Medicine
University of the Philippines
Manila, P.I.

*Cannon, Bradford
Senior Consulting Staff
M.G.H.

Cannon, Helen C., *Children's* '70
Dept. of Pediatrics
Cambridge City Hospital
Cambridge, Mass. 02139

*Cannon, Lovick E.
Research Fellow in Medicine
M.G.H.

Cannon, Woodward, *Surgery* '73
6033 Glenkerrol Drive
Anchorage, Alaska 99504

Cantlon, Edwin L., *Surgery* '41
129 West 6th Street, Reno, Nev. 89503

Cantor, Frederic K., *Neurology* '67
Georgetown University Hospital
3800 Reservoir Road N.W.
Washington, D.C. 20007

Cantu, Robert C., *Neurosurgery* '67
John Cuming Bldg.
Concord, Ma. 01742

Canty, Timothy G., *Surgery* '74
University of Louisville Medical School
Louisville, Ky. 40203

*Caplan, Charles H.
3rd Year Resident in Medicine
M.G.H.

*Caplan, Gerald
Psychiatrist
58 Fenwood Road, Boston, Mass. 02115

Caplan, Lewis, *Dermatology* '40
333 41st Street
Miami Beach, Fla. 33140

Caplan, Louis R., *Neurology* '70
B.I.H.

Capps, Richard B., *Medicine* '32
1725 W. Harrison Street
Chicago, Ill. 60612

Capps, Samuel C., *Pathology* '49
2059 Wilshire Drive, S.E.
Grand Rapids, Mich. 49506

*Carebello, Blase A.
3rd Year Resident in Medicine
M.G.H.

Cardenal, Fernano A., *Orthopaedics* '59
World Health Organization
B.P., 1899, Kinshasa
Zaire, Republic of the Congo

*Cares, Herbert L.
Clinical Associate in Neurosurgery
248 Windsor Road
Waban, Ma. 02168

Carey, John M., *Surgery* '46
1211 North Shartel
Oklahoma City, Oklahoma 73103

*Carey, Robert W., *Medicine* '61
Associate Physician
M.G.H.

*Carl, Charles W., Jr.
Clinical Associate in Psychiatry
East Boston-Winthrop Mental Health Clinic
14 Porter Street
East Boston, Mass. 02128

Carlton, Frank E., *Urology* '66
Savannah Urological Clinic
2515 Habersham St.
Savannah, Ga. 31401

Carmody, John T.B., *Neurosurgery* '36
65 Elm St., Worcester, Mass. 01609

Carmona, Robert A., *Anesthesia* '70
Victoria General Hospital
2340 Pembina Highway
Winnipeg, Manitoba, Canada R3T 2E8

*Carnes, Harold A.
Board of Consultation
29 Bay State Rd., Boston, Mass. 02115

*Carney, Henry J.
Board of Consultation
Box 294, West Harwich, Mass. 02671

Carroll, Brian C., *Anesthesia* '68
Framingham Union Hospital
Framingham, Mass. 01710

Carroll, Robert E., *Orthopaedics* '44
Columbia-Presbyterian Medical Center
161 Fort Washington Avenue
New York, N.Y. 10032

*Carter, Edward A.
Assistant in Biochemistry (Medicine)
M.G.H.

*Carter, Edwin L., *Surgery* '60
Assistant Surgeon
M.G.H.

*Carter, Franklin
Associate Psychiatrist
202 Brattle Street
Cambridge, Mass. 02138

Carter, George B., *Radiology* '62
3404 Arrowhead Dr.
Edmund, Okla. 73034

Carter, George H., *Medicine* '47, *Psychiatry* '48
10 Garden Terrace, Cambridge, Mass. 02138

Carter, James R., Jr., *Medicine* '64
Presbyterian-U. of Penn Medical Center
51 N. 39th St., Philadelphia, Pa. 19104

*Carter, Lucille P.
Assistant in Psychiatry
17 Trinity Terrace
Newton Centre, Mass. 02159

*Caruso, Michael G., *Dermatology* '74
Clinical Associate in Dermatology
Furnace Brook Parkway
Quincy, Mass. 02169

*Carvalho, Angelina C.
Clinical & Research Fellow in Medicine
M.G.H.

Cascario, Nicholas, Jr., *Oral Surgery* '44
419 South 3rd St., Bangor, Pa. 18013

Case, Clarke T., *Surgery* '43
1402 Genesee St., Utica, N.Y. 13502

*Case, John W., *Medicine* '31
Board of Consultation
39 Commonwealth Avenue
Boston, Mass. 02116

*Cass, Leo M.
Clinical Fellow in Medicine
B.H.H.C.

*Cass, William
Clinical and Research Fellow in Medicine
M.G.H.

*Cassem, Edwin H., *Psychiatry* '70
Assistant Psychiatrist
M.G.H.

Casten, Virgil G., *Neurology* '29
412 Beacon Street, Boston, Mass. 02115

*Castleman, Benjamin, *Pathology* '34
Board of Consultation
100 Charles River Plaza
Boston, Mass. 02114

*Castro, Francisco R.
Research Fellow in Medicine
M.G.H.

*Castronovo, Frank P., Jr.
Assistant Physicist in Radiology
M.G.H.

Catlin, Randolph, Jr., *Psychiatry* '62
209 Cliff Road
Wellesley, Mass. 02181

Caudill, Estill L., *Urology* '73
Beverly Hospital
Beverly, Mass. 01915

*Cavanaugh, James J.A.
Clinical Associate in Pediatrics
M.G.H.

*Cave, Edwin F., *Surgery* '26, *Orthopaedics* '28
Board of Consultation
M.G.H.

*Caviness, Verne S., Jr., *Medicine* '64
Neurology, Pathology '67
Assistant Neurologist
M.G.H.

Chaffin, George L., *Surgery* '21, *Urology* '21
132 North Hudson Avenue
Los Angeles, Calif. 90004

Chaglassian, John H., *Orthopaedic Surgery* '74
34 Frost Street
Arlington, Mass. 02174

Chaharyn, Joanne C., *Anesthesia* '75
N.E.M.C.H.

Chai, Joyce K. Wong, *Children's* '60
2100 Via Venado Street
La Canada, Calif. 91011

Chamberlin, Harrie R., *Children's* '49
University of North Carolina
School of Medicine
Chapel Hill, N.C. 27514

Chamberlin, Robert W., Jr., *Children's* '59
University of Rochester Medical Center
Rochester, N.Y. 14620

*Chan, William B.
Clinical and Research Fellow
in Anesthesia
L.M.H.C.

*Chandler, Hugh P., *Orthopaedics* '62
Assistant Orthopaedic Surgeon
M.G.H.

*Chang, Gloria J.
1st Year Resident in Radiology
M.G.H.

*Chang, Sidney E.
Research Fellow in Pediatrics
M.G.H.

*Chapin, David S., *Surgery* '66
Assistant in Surgery
1 Hawthorne Pl., Boston, Mass. 02114

Chaplin, Hugh, Jr., *Medicine* '50
Washington University School of Medicine
St. Louis, Mo. 63310

Chapman, C. Ethelyn, *Anesthesia* '38
165 No. Swall Drive, #202
Beverly Hills, Calif. 90211

*Chapman, Earle M., *Medicine* '34
Senior Consulting Staff
M.G.H.

*Chapman, Paul H., *Surgery* '66, *Neurosurgery* '72
Assistant in Neurosurgery
M.G.H.

Char, Devron, *Medicine* '72
455 Upper Terrace #1
San Francisco, Calif. 94117

Charash, Leon J., *Children's* '52
31 Kodiak Drive, Woodbury, N.Y. 11797

Chase, Thomas N., *Neurology* '64
National Institutes of Health
Bethesda, Md. 20014

Chattha, Amrik S., *Neurology* '72
35 Mayer Drive
Suffern, N.Y. 10901

Chavez-Peon, Federico, *Surgery* '70
Institute Nacional de la Nutricion
Hospital de Enfermedades de la Nutricion
Mexico D.F.

*Chayet, Neil L.
Consultant in Forensic Psychiatry
6 Fayette Street
Boston, Ma. 02116

*Chedekel, David S.
Assistant Psychologist (Psychiatry)
L.M.H.C.

*Cheeseman, Sarah H., *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

*Chelmicka-Kizlich, Ewa E.
Assistant in Immunology (Neurology)
M.G.H.

Chen, Lincoln C., *Medicine* '70
Ford Foundation
320 East 43rd Street
New York, N.Y. 10017

*Cheng, Vincent S., *Radiation Medicine* '74
Assistant in Radiation Medicine
M.G.H.

*Cherlin, Richard S.
Clinical Fellow in Medicine
M.G.H.

Chernoff, Amoz I., *Medicine* '48
Memorial Research Center
University of Tennessee
Knoxville, Tenn. 37920

*Chesler, David A., *Medicine* '73
Associate Physicist (Radiology)
M.G.H.

Chess, Leonard, *Medicine* '73
B.I.H.

*Chiang, Han Twu, *Anesthesia* '71
Clinical Associate in Anesthesia
M.G.H.

Chiappa, Keith H., *Neurology* '73
H-31 Kirkland House
Cambridge, Mass. 02138

*Choi, Chan H.
Assistant Radiation Therapist
in Radiation Medicine
M.G.H.

*Choras, Peter T., *Psychiatry* '63
Assistant Psychiatrist
225 Winter Street, Weston, Mass. 02193

*Chou, Iih-Nan
Assistant in Biochemistry (Medicine)
M.G.H.

Christman, George, *Oral Surgery* '52
F Tataket Square, Falmouth, Mass. 02536

*Christopher, Charles W.
Assistant in Biochemistry (Medicine)
M.G.H.

*Chu, Ann Maria
Assistant Radiation Therapist in
Radiation Medicine
M.G.H.

Churchill, W. Hallowell, Jr., *Medicine* '69
R.B.B.H.

*Chute, Richard, *Surgery* '29
Board of Consultation
78 Upland Rd., Brookline, Mass. 02146

Ciano, Joseph F., *Oral Surgery* '54
157 Washington Street
Quincy, Mass. 02169

Cihak, Robert J., *Radiology* '70
Gray's Harbor Community Hospital
Aberdeen, Wash. 98520

*Cipolloni, Patsy B., *Neurology* '73
Assistant Pediatrician
Chelsea Health Center
Chelsea, Mass. 02150

Claman, Henry N., *Medicine* '58
University of Colorado Medical Center
Denver, Colo. 80220

*Clark, John G., Jr., *Psychiatry* '55
Associate Psychiatrist
476 Conant Road, Weston, Mass. 02193

Clark, John L., *Anesthesia* '75
USPHS Indian Hospital
P.O. Box 160
Shiprock, N.M. 87420

*Clark, Mark W.
2nd Year Resident in Medicine
M.G.H.

*Clark, Mary B.
Research Fellow in Medicine
M.G.H.

*Clark, Richard J., *Medicine* '33
Board of Consultation
34 Mayflower Lane
Duxbury, Mass. 02332

*Claydon, Charles T.
Clinical Assistant, Surgery
Martha's Vineyard Hospital
Oak Bluffs, Mass. 02557

*Clegg, Herbert W.
2nd Year Resident on the Children's
Service
M.G.H.

Clement, James D., Jr., *Surgery* '44
77 Essex Street, Bangor, Maine 04401

Clement, Philip B., *Pathology* '74
Department of Pathology
Vancouver General Hospital
855 West 12th Ave.
Vancouver, B.C.
Canada V52 1M9

Clement, S. Preston, Jr., *Medicine* '56
1500 So. Lodge Drive
Sarasota, Florida 33579

*Clemmons, David R.
2nd Year Resident in Medicine
M.G.H.

*Clifford, M. Henry, *Medicine* '33
Board of Consultation
6 Gould Road
Bedford, Mass. 01730

Clifford, Stewart H., *Medicine* '27
B.H.W.

*Cline, Herbert S., *Psychiatry* '56
Assistant in Psychiatry
1146 Beacon Street
Brookline, Mass. 02146

*Cloherty, John P., *Children's* '69
Assistant in Pediatrics
391 Longwood Avenue
Boston, Mass. 02115

*Clopath, Peter
Research Fellow in Pathology
M.G.H.

Clough, Donald M., *Surgery* '75
George Washington Turnpike
Burlington, Conn. 06085

Clouse, Melvin E., *Radiology* '64
N.E.D.H.

Clowes, George H.A., Jr., *Surgery* '48
Pegan Lane, Dover, Mass. 02023

Cobb, Cully A., Jr., *Neurology* '48
Medical Arts Building
Nashville, Tenn. 37212

Cobbs, Beverly W., Jr., *Medicine* '55
Emory University Clinic
Box 459, Atlanta, Ga. 30322

*Cochavi, Saadia
Research Fellow in Radiology
M.G.H.

*Cochran, William D., *Children's* '54
Associate Pediatrician
B.H.W.

*Codington, John F.
Associate Biochemist (Medicine)
M.G.H.

Coffey, Edward L., Jr., *Orthopaedics* '66
Department of Pathology
North Shore Hospital
Manhasset, L.I., N.Y. 11030

Coggeshall, Howard C., *Medicine* '35
3710 Swiss Avenue, Dallas, Texas 75204

*Coggins, Cecil H., *Medicine* '59
Associate Physician
M.G.H.

*Cohan, Lawrence D.
2nd Year Resident on
the Children's Service
M.G.H.

*Cohen, Alfred M., *Surgery* '75
Assistant in Surgery
M.G.H.

*Cohen, Benjamin E.
5th Year Resident in Surgery
M.G.H.

*Cohen, Carla B., *Children's* '74
Assistant in Pediatrics
M.G.H.

*Cohen, Elliott L.
Clinical Fellow in Medicine
M.G.H.

*Cohen, George L., *Medicine* '67
Assistant in Medicine
10 Hawthorne Pl.,
Boston, Mass. 02114

*Cohen, John M., *Children's* '66
Clinical Associate in Pediatrics
332 Washington Street
Wellesley Hills, Mass. 02181

Cohen, Jonathan, *Orthopaedics* '50
C.H.M.C.

*Cohen, Mandel E., *Psychiatry* '36
Senior Consulting Staff
M.G.H.

Cohen, Max H., *Surgery* '72
11412 Woodington Terrace
Rockville, Md. 20854

Cohen, Philip, *Medicine* '72
4977 Battery Lane, Apt. 108
Bethesda, Md. 20014

*Cohen, Raquel E.
Associate Psychiatrist
770 Boylston St. PH-A
Boston, Mass. 02161

*Cohen, Richard B., *Pathology* '53
Board of Consultation
B.I.H.

*Cohen, Roberta B.
Assistant in Psychology
M.G.H.

*Cohen, Saul H.
Assistant in Pediatrics
One Salem Street
Wakefield, Mass. 01880

*Cohen, Suzanne L.
Clinical and Research Fellow
in Psychology (Psychiatry)
M.G.H.

Cohn, Roy B., *Pathology* '33
Neurosurgery '34, *Surgery* '37
Stanford Medical Center
Palo Alto, Calif. 94304

Cohn, Zanvil A., *Medicine* '55
Rockefeller Institute for Medical Research
66th and York Avenue
New York, N.Y. 10021

*Cole, Edwin M., *Neurology* '32, *Psychiatry* '34
Senior Consulting Staff
M.G.H.

Cole, Enser W. III, *Medicine* '73
Immunology Branch
National Cancer Institute
Bethesda, Md. 20014

*Coleman, David L.
Assistant Biochemist, Medicine
M.G.H.

*Coleman, William S.
2nd Year Resident in Surgery
M.G.H.

Coles, Martin R., *Psychiatry* '56
75 Mount Auburn Street
Cambridge, Mass. 02138

Coley, Mary S., *Children's* '55
253 Ridgewood Road
West Hartford, Conn. 01607

Collins, David L., Jr., *Surgery* '61
Cabarrus Medical Building
Concord, N.C. 28025

Collins, George H., *Pathology* '59
College of Medicine
Upstate Medical Center
Syracuse, N.Y. 13210

Collins, H. Douglas, *Medicine* '55
12 East Chestnut Street
Augusta, Maine 04330

Collins, Richard, *Surgery* '33
204 Vassar Place, Alexandria, Va. 22314

Collins, Robert C., *Medicine* '70
9511 Bulls Run Parkway
Bethesda, Md. 20034

Colokathis, Paul P., *Orthopaedics* '54
146 Tarrytown Road
Manchester, N.H. 03103

Colquhoun, John B., *Orthopaedics* '27
85 Spring Street, Melbourne, Australia

*Colton, Clark K.
Assistant in Chemical Engineering,
Anesthesia
M.G.H.

Colvin, Robert B., *Surgery* '69, *Pathology* '71
Assistant in Pathology
M.G.H.

*Common, Jane R.
Graduate Student Assistant
in Psychology (Psychiatry)
M.G.H.

Conboy, Edward A., *Psychiatry* '70
Danvers State Hospital
Hathorne, Mass. 01937

Conley, James E., *Surgery* '42
425 E. Wisconsin Avenue
Milwaukee, Wis. 53202

Conn, Melvin L., *Radiology* '75
9645 Baymeadows Road
Jacksonville, Fla. 32216

Connelly, John P., *Children's* '62
Stritch School of Medicine
Loyola University of Chicago
Maywood, Ill. 60153

*Conners, C. Keith
Psychologist, Psychiatry
M.G.H.

*Connolly, Thomas W.
1st Year Resident in Oral Surgery
M.G.H.

Conrad, Elizabeth, *Children's* '45
2240 Cloverdale Avenue
Winston-Salem, N.C. 27103

*Constable, John D., *Surgery* '59
Visiting Surgeon
8 Whittier Place, Room 1A
Boston, Mass. 02114

*Constantinople, Nicholas L.
Research Fellow in Surgery
M.G.H.

Conway, Richard E., *Orthopaedics* '63
79 Highland Avenue, Salem, Mass. 01970

Cook, Charles D., *Children's* '49
Yale University School of Medicine
New Haven, Conn. 06510

*Cook, I. Kathleen H., *Surgery* '75
1st Year Resident in Urology
M.G.H.

Coolidge, John C., *Children's* '45
141 Coolidge Hill, Cambridge, Mass. 02138

Coolidge, Thomas B., *Medicine* '29
5755 S. Dorchester Avenue
Chicago, Ill. 60637

Coons, Albert H., *Medicine* '39
H.M.S.

*Cooper, Jeffrey B.
Assistant Biomedical Engineer
(Anesthesia)
M.G.H.

Cooper, Joel D., *Surgery* '72
Toronto General Hospital
Toronto, Ontario, Canada

*Cooperman, Sheldon, *Pathology* '61
Clinical Assistant in Pathology
M.G.H.

*Cope, Oliver, *Surgery* '32
Senior Consulting Staff
Zero Emerson Place, #2F
Boston, Mass. 02114

Cope, Stuart, *Orthopaedics* '70
Newton-Wellesley Hospital
Newton, Mass. 02162

Copeland, Robert B., *Medicine* '67
Clark-Holder Clinic
La Grange, Ga. 30420

*Cordero, Jose F.
Clinical and Research Fellow
in Medicine
M.G.H.

*Cordova, Arturo
Clinical and Research Fellow in Medicine
M.G.H.

*Cori, Carl F.
Visiting Biochemist in Medicine
M.G.H.

*Corkery, Joseph C.
1st Year Resident (Intern) in Pathology
M.G.H.

*Corkin, Suzanne H.
Consultant in Psychology
(Neurosurgery)
MIT, Department of Psychology
E10-003A
Cambridge, Mass. 02139

Cornetta, William J. III, *Pathology* '73
40 Mountain Avenue
Swampscott, Ma. 01907

Corning, Howard B., *Medicine* '69
11 Gardiner Road
Woods Hole, Mass. 02543

*Correia, John A.
Assistant in Physics, Radiology
M.G.H.

*Correll, Joan E.
Assistant in Physics (Radiology)
M.G.H.

Corry, Robert J., *Surgery* '69
University of Iowa Hospitals
Iowa City, Iowa 52242

Cosby, Richard S., *Medicine* '40
10 Congress Street, Pasadena, Calif. 91105

Cosgrove, Delos M., *Surgery* '74
9500 Euclid Avenue
Cleveland Clinic, Cleveland, Ohio 44106

*Cosimi, A. Benedict, *Surgery* '70
Assistant Surgeon
M.G.H.

*Cotruvo, Vincent P.
Clinical Fellow in Oral Surgery
M.G.H.

Cotter, Walter C., *Neurosurgery* '57
339 Angell Street, Providence, R.I. 02906

Cotzias, George C., *Neurology* '45
Medicine '46
Medical Department
Brookhaven National Laboratory
Associated Universities, Inc.
Upton, N.Y. 11973

*Couche, Roland M.
Clinical Fellow in Anesthesia
M.G.H.

*Counter, Samuel A., Jr.
Assistant in Neurophysiology
Harvard Biology Department
16 Divinity Street
Cambridge, Mass. 02138

*Courey, W. Robert
Clinical Associate in Radiology
Cardinal Cushing General Hospital
235 N. Pearl Street
Brockton, Mass. 02401

*Coutts, Glenn L.
Clinical and Research Fellow
in Anesthesia
M.G.H.

*Covino, Benjamin G.
Clinical Fellow (Acting 2nd Year
Resident) in Anesthesia
M.G.H.

Cozen, Lewis N., *Orthopaedics* '38
6221 Wilshire Blvd.
Los Angeles, Calif. 90048

Craige, Ernest, *Medicine* '48
North Carolina Memorial Hospital
Chapel Hill, N.C. 27515

Crandell, Walter B., *Surgery* '41
Veterans Administration Hospital
White River Junction, Vt. 05001

*Crapo, Lawrence M.
Clinical and Research Fellow in Medicine
M.G.H.

Craver, Joe M., *Surgery* '72
3602 Nancey Creek Road N.W.
Atlanta, Georgia 30327

Crawford, Ernest S., *Surgery* '54
Baylor University College of Medicine
Houston, Texas 77025

Crawford, George E., *Medicine* '74
Patrick Air Force Base
Cocoa Beach, Florida 32931

Crawford, Henry B., *Orthopaedics* '32
15 Prince Street, Rochester, N.Y. 14607

*Crawford, John D., *Children's* '49
Pediatrician
M.G.H.

Cresanta, Daniel A., *Anesthesia* '74
Department of Anesthesiology
University of Alabama in Birmingham
University Station
Birmingham, Ala. 35294

Croll, Diane, *Pathology* '48
4221 Basswood Road
Minneapolis, Minn. 55416

*Cromer, Ward J.
Assistant in Psychology (Psychiatry)
B.H.H.C.

Crone, Neil L., *Medicine* '37
74 Village Hill Road
Belmont, Mass. 02178

*Crone, Robert K., *Children's* '74
2nd Year Resident in Anesthesia
M.G.H.

*Cronkhite, Leonard W., Jr., *Medicine* '53
Board of Consultation
Director, C.H.M.C.

*Cronlund, Malcolm M.
Research Fellow in Medicine
M.G.H.

*Crooks, Kiran K.
1st Year Resident in Urology
M.G.H.

Crothers, Omar D. III, *Orthopaedic Surgery* '74
Kennedy Memorial Hospital for Children
30 Warren Street
Brighton, Mass. 02135

*Crowell, Robert M., *Surgery* '67
Assistant in Neurosurgery
M.G.H.

*Crowley, William F., Jr., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

Crutcher, William, *Dermatology* '71
935 Trancas Street
Napa, Calif. 94558

Crystal, Ronald G., *Medicine* '70
6D06, Building 10
National Heart & Lung Institute
Bethesda, Md. 20014

*Cserr, Robert
Clinical Associate, Psychiatry
Outlook Hospital
Hampstead, N.H. 03841

*Cullen, David J.
Associate Anesthetist
M.G.H.

*Culver, Perry J., *Medicine* '42
Associate Physician
M.G.H.

Curd, John G., *Medicine* '72
6547 Mercer Street
San Diego, Calif. 92122

*Curfman, Gregory D., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

*Curren, Franklin C., *Psychiatry* '70
Clinical Associate in Psychiatry
L.M.H.C.

*Currens, James H.
Assistant in Medicine
M.G.H.

Currie, Richard A., *Surgery* '54
11086 Wineglass Ct.
Columbia, Md. 21044

*Curtin, Richard R., *Surgery* '57
Clinical Associate, Surgery
Exeter Clinic, Exeter, N.H. 03833

*Curwen, William L.
Clinical Associate in Dermatology
M.G.H.

Cutler, Bruce S.J., *Surgery* '73
Department of Surgery
University of Massachusetts Medical Center
55 Lake Avenue North
Worcester, Mass. 01605

Cutts, Frank B., *Medicine* '34
315 Olney St., Providence, R.I. 02906

*Cywinski, Jozef K.
Biomedical Engineer
Department of Anesthesia
M.G.H.

*Daggett, Willard M., Jr., *Surgery* '66
Assoc. Visiting Surgeon
M.G.H.

*Dagi, Teodoro F.
1st Year Resident in Neurosurgery
M.G.H.

Dahl, Lewis K., *Medicine* '47
Medical Department, Brookhaven National
Lab., Associated Universities, Inc.
Upton, N.Y. 11973

*Daland, Ernest M., *Surgery* '19
Board of Consultation
Gov. Prence Road
Brewster, Ma. 02631

Dale, David C., *Medicine* '68
Department of Medicine
University of Washington
Seattle, Wash. 98195

D'Allesandro, Genesio L., *Anesthesia* '50
275 Forest Ave., Glen Ridge, N.J. 07028

Dalrymple, Willard, *Medicine* '47
University Health Service
Princeton University
Princeton, N.J. 08540

*Dalton, Brian C.
Associate Anesthetist
M.G.H.

*Dalton, John C.
Assistant Physician
8 Hawthorne Pl., Boston, Mass. 02114

*Daly, James J., *Pathology* '66
Assistant Pathologist
M.G.H.

*Daly, John S.F.
3rd Year Resident in Urology
M.G.H.

Damiani, C. Robert, *Dermatology* '46
50 Franklin St.
Worcester, Mass. 01608

*D'Amour, Monique L.
Clinical Fellow in Neurology
M.G.H.

*D'Amour, Pierre
Research Fellow in Medicine
M.G.H.

*Daniel, Peter F.
Research Fellow in
Biochemistry (Neurology)
M.G.H.

*Daniels, Gilbert H., *Medicine* '72
Assistant Physician
M.G.H.

Dann, David S., *Radiology* '22
701 East 63rd St., Kansas City, Mo. 64110

*Darling, R. Clement, *Children's* '54
Surgery '58
Visiting Surgeon
3 Hawthorne Place
Boston, Mass. 02114

d'Autremont, Chester C., *Neurology* '48
C.H.M.C.

Davanloo, Habibolah, *Psychiatry* '59
Montreal General Hospital
Montreal, Canada

David, John R., *Medicine* '61
R.B.B.H.

David, Solomon D., *Orthopaedics* '22
5505 Holly Springs Dr.
Houston, Texas 77027

Davidoff, Frank F., *Medicine* '65
U. of Connecticut Health Center
Farmington, Conn. 06032

*Davidson, Betty A.
Assistant in Biochemistry (Medicine)
M.G.H.

*Davidson, Gerald E.
Assistant Psychiatrist
7 Harvard Square
Brookline, Mass. 02146

*Davidson, John B.
Research Fellow in Medicine
M.G.H.

Davies, John A.K., *Orthopaedics* '75
90 Walker Street
Cambridge, Mass. 02138

*Davies, John A.V.
Board of Consultation
235 Sargent Rd., Brookline, Mass. 02146

*Davies, Michael J.
Clinical Fellow in Anesthesia
M.G.H.

*Davis, Fred G.
3rd Year Resident in Anesthesia
M.G.H.

Davis, James McC., *Surgery* '52
2700 Riverside Ave.
Jacksonville, Fla. 32205

*Davis, James M. III
2nd Year Resident in Radiology
M.G.H.

*Davis, Joseph E.
2nd Year Resident in Medicine
M.G.H.

*Davis, Kenneth R.
Assistant Radiologist
M.G.H.

*Davison, J. Kenneth
3rd Year Resident in Anesthesia
M.G.H.

*Dayer, Jean-Michael
Clinical and Research Fellow in Medicine
M.G.H.

*DeBros, Frederic M.
2nd Year Resident in Anesthesia
M.G.H.

DeBusk, Franklin L., *Children's* '50
Department of Pediatrics
College of Medicine
University of Florida
Gainesville, Fla. 32601

DeCesare, Ronald E., *Radiology* '73
Suburban Radiological Consultants, Ltd.
6800 France Avenue, South
Minneapolis, Minn. 55435

*Decker, Briant L., *Children's* '31, *Medicine* '32
Senior Consulting Staff
P.O. Box 281
Townshend, Vt. 05353

Dedrick, Carolyn G., *Radiology* '75
National Institutes of Health
Department of Radiology
Clinical Center
Bethesda, Md. 20014

Dedrick, Daniel F., *Anesthesia* '75
184 Vanderford Road West
Orange Park, Fla. 32073

DeGroot, Leslie J., *Medicine* '57
Professor of Medicine
Department of Medicine
University of Chicago
Chicago, Ill. 60637

Dehner, Gerals A., *Orthopaedics* '70
Tuslog Detachment 37
APO N.Y. 09254

Del Guidice, Peter A., *Anesthesia* '63
Grace Hospital
Detroit, Mich. 48201

*Dell, Paul C.
Clinical Fellow in Orthopaedic Surgery
M.G.H.

*Delmonico, Francis L.
Clinical and Research Fellow in Surgery
M.G.H.

*Delong, G. Robert, *Neurology* '67
Associate Neurologist
Associate Pediatrician
M.G.H.

DeLorme, Thomas L., *Orthopaedics* '55
Milton Hospital
92 Highland Ave., Milton, Mass. 02186

d'Elseaux, Frank C., *Medicine* '29
43 Clifton Heights Lane
Marblehead, Mass. 01945

*DeLuca, Salvatore
Clinical Associate in Radiology
Cambridge City Hospital
1493 Cambridge Street
Cambridge, Mass. 02139

de Marneffe, Francis L.A., *Psychiatry* '52
McL.

*DeMaso, David R.
1st Year Resident (Intern)
on the Children's Service
M.G.H.

*Dembner, Alan G.
2nd Year Resident in Radiology
M.G.H.

*Demirjian, Zareh N.
Assistant in Medicine
M.G.H.

de Mola, Luis L., *Pathology* '60
Alcanfores 999, Miraflores, Lima, Peru

*Dempsey, Peter A.
Board of Consultation
Deering Nursing Home
Main Street
Hingham, Mass. 02043

Denton, Jane E., *Medicine* '46
19 Robertson Road
Framingham, Mass. 01701

DePriest, Oscar S., *Surgery* '61
2300 Good Hope Road S.E.
Washington, D.C. 20020

*Derkac, Wayne M.
2nd Year Resident in Surgery
M.G.H.

Derrick, Charles C., *Pathology* '41
P.O. Box 475
West Dennis, Mass. 02670

*Dervan, Peter A.
Chief Resident in Pathology
M.G.H.

*DeSanctis, Roman W., *Medicine* '60
Physician
M.G.H.

DesGroseilliers, Jean-Pierre, *Dermatology* '71
Ottawa General Hospital
43 Bruyere, Ottawa 2, Ontario, Canada

Detwiler, Robert C., *Orthopaedics* '56
68 Charlton Avenue
West Hamilton, Ontario, Canada

Detwiler, Robert H., *Children's* '40
3120 North 13th Street
Arlington, Va. 22201

*Deutsch, Helene
Board of Consultation
44 Larchwood Drive
Cambridge, Mass. 02138

*Deutsch, Stephan D., *Orthopaedics* '75
Assistant in Orthopaedic Surgery
M.G.H.

*Deveau, Linda A.
Assistant in Physics (Radiology)
M.G.H.

DeVerter, John S., *Psychiatry* '73
3361 Lakeland Dr., W.W.
Roanoke, Va. 24018

*Dewey, C. Forbes, Jr.
Room 3-250
Massachusetts Institute of Technology
77 Massachusetts Avenue
Cambridge, Mass. 02139

Dewey, Edward S., *Surgery* '21
Box 2029, Pebble Beach, Calif. 93953

Deykin, Daniel, *Medicine* '58
B.I.H.

Diamond, David B., *Medicine* '70
755 Lorenzo Avenue
Boulder Creek, Calif. 95006

*DiBona, Ronald R.
Assistant Biologist (Medicine)
M.G.H.

*Dickersin, G. Richard, *Pathology* '57
Associate Pathologist
M.G.H.

Dickson, Carol C., *Medicine* '48, *Children's* '49
Birch Point, Sunapee, N.H. 03782

Dickson, Dickie B., *Orthopaedic Surgery* '73
V.A.H. (W.R.)

*Dickson, William A., *Children's* '47
Clinical Associate in Pediatrics
Quanset Road
South Orleans, Mass. 02662

Diehl, Sylvia Davies, *Children's* '58
33 Maple Avenue, Madison, N.J. 07940

Dierker, Louise A., *Psychiatry* '72
67 Orchard Street
Belmont, Mass. 02178

Dillon, Harold T., Jr., *Pathology* '59
62 Butler Street, S.E.
Atlanta, Ga. 30303

Dillon, Victor M., *Orthopaedics* '32
2166 Hayes Street
San Francisco, Calif. 94117

*DiMarco, John P.
2nd Year Resident in Medicine
M.G.H.

Dimon, Joseph H. III, *Orthopaedics* '60
1938 Peachtree Road, N.W.
Atlanta, Ga. 30309

*Dimsdale, Joel E.
3rd Year Resident in Psychiatry
M.G.H.

*Dinale, Franco R.
Clinical Associate in Anesthesia
20 Round Hill Road
Northampton, Mass. 01060

Dinarello, Charles A., *Children's* '75
1827 23rd Street, N.W.
Washington, D.C. 20008

*Dineen, James J., *Medicine* '69
Assistant Physician
M.G.H.

Diner, Wilma J. Canada, *Pathology* '51
Radiology '54
University of Arkansas Medical Center
Little Rock, Ark. 72201

*Dinsmore, Robert E., *Radiology* '61
Radiologist
M.G.H.

*Ditton, John N.
Clinical Fellow in Anesthesia
M.G.H.

Dittmore, Harry B., Jr., *Surgery* '58
4321 S.W. Washonga
Portland, Oregon 97201

*Dixon, Richard E., *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

Dixon, Suzanne D., *Children's* '74
Clinical Fellow in Pediatrics
M.G.H.

Dodd, Robert B., *Anesthesia* '50
Washington University School of Medicine
St. Louis, Mo. 63110

Drachman, David A., *Neurology* '60
Northwestern University Medical School
Chicago, Ill. 60611

Drapkin, Mark S., *Medicine* '74
Chief of Infectious Disease Service
Newton-Wellesley Hospital
2014 Washington Street
Newton Lower Falls, Mass. 02162

*Draskoczy, Camille B.
3rd Year Resident in Neurology
M.G.H.

Dreier, Theodore, Jr., *Psychiatry* '63
70 Fayerweather Street
Cambridge, Mass. 02138

*Dreisbach, James N.
4th Year Resident in Radiology
M.G.H.

*Dretler, Stephen P., *Urology* '71
Assistant in Urology
M.G.H.

Drew, Michael A., *Orthopaedic Surgery* '71
P.B.B.H.

Drewry, Garth R., *Medicine* '53
1 Davis Blvd., Tampa, Fla. 33606

Dreyfus, Pierre M., *Neurology* '55
University of California
Davis, Calif. 95616

*Dreyfuss, Jack R.
Radiologist
Zero Emerson Place
Boston, Mass. 02114

*Driscoll, Robert A.
Clinical Associate in Pediatrics
464 Granite Avenue, Milton, Mass. 02186

*Drop, Lambertus J., *Anesthesia* '71
Assistant in Anesthesia
M.G.H.

DuBois, Carol S., *Psychiatry* '75
6921 Topaz Drive S.W.
Tacoma, Washington 98499

DuBois, Jay G., *Pathology* '75
6921 Topaz Drive S.W.
Tacoma, Washington 98499

*Dudani, Niranjankumar
Clinical Fellow in Medicine
M.G.H.

Duff, Arthur W., *Pathology* '64
St. Francis Hospital
900 Hyde Street
San Francisco, Calif. 94109

Duffy, Frank H., *Neurosurgery* '65
4 Bryden Rd., Weston, Mass. 02193

*Duggan, John A.
Clinical Associate in Pediatrics
630 Plantation St.
Worcester, Mass. 01605

*Dulaney, John T.
Assistant in Biochemistry
(Neurology)
Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Dumont, Matthew P.
Assistant Psychiatrist
190 Portland Street
Boston, Mass. 02114

Duncan, Gary W., *Neurology* '73
Vanderbilt University School of Medicine
Department of Neurology
Nashville, Tenn. 37200

Duncombe, Alfred L., *Medicine* '34
336 Pleasant Street, Brockton, Mass. 02401

Dunkman, W. Bruce, *Medicine* '70
U. of Pa. Cardiology Service
Philadelphia V.A. Hospital
Philadelphia, Pa. 19104

Dunn, Fa-Chi, *Dermatology* '54
Kaiser Foundation Hospital
Oakland, Calif. 94611

Dunn, William L., *Pathology* '60
University of British Columbia
Vancouver, B.C., Canada

*Durant, Thomas S.
Assistant Director of the MGH
Assistant Surgeon
M.G.H.

Duritz, Gilbert, *Children's* '70
2356 Bywood Drive
Oakland, Calif. 94602

*Dodson, Thomas F.
3rd Year Resident in Surgery
M.G.H.

Dohan, F. Curtis, *Medicine* '35
Hospital of the University of Pennsylvania
Philadelphia, Pa. 19104

*Dohan, Francis C., Jr.
Assistant Immunochemist in Neurosurgery
M.G.H.

Dohrmann, George J., *Surgery* '72
Sections of Neurosurgery
and Neuropathology
Yale University School of Medicine
New Haven, Conn. 06510

Doisy, Edward A., Jr., *Medicine* '45
235 Bompart
Webster Groves, Mo. 63119

Dole, Vincent P., Jr., *Medicine* '41
Rockefeller Institute for Medical Research
66th and York Ave.
New York, N.Y. 10021

Donaghy, Raymond M.P., *Neurosurgery* '42
Mary Fletcher Hospital
Burlington, Vt. 05401

*Donahoe, Patricia
Assistant in Surgery
326 N. Main Street
Randolph, Ma. 02368

Donald, James H., *Medicine* '48
801 North Cascade Ave.
Colorado Springs, Colo. 80903

*Donaldson, Gordon A., *Surgery* '42
Senior Consulting Staff
M.G.H.

*Donaldson, Magruder C.
4th Year Resident in Surgery
M.G.H.

*Donelan, Matthias B.
4th Year Resident in Surgery
M.G.H.

Donlon, John V., Jr., *Anesthesia* '74
M.E.E.I.

Donnelly, Elwin W., *Radiology* '61
Georgia Baptist Memorial
Atlanta, Ga. 30312

Donner, Reynout, *Pathology* '57
Academisch Ziekenhuis der Vrije
Universiteit
De Boelelaan, Amsterdam-Z.2
(Holland)

*Donoff, R. Bruce, *Oral Surgery* '71
Associate Visiting Oral Surgeon
Consultant in Dental Roentgenology
(Radiology)
M.G.H.

Donohue, John P., *Urology* '65
Indiana University Medical Center
1100 West Michigan Ave.
Indianapolis, Ind. 46207

*Donovan, Donald D.
Assistant Podiatrist, Orthopaedic Service
8 Winter St., Boston, Mass. 02108

Donovan, James F., *Orthopaedics* '57
85 Jefferson St., Hartford, Conn. 06106

*Dooling, Elizabeth C., *Neurology* '70
Assistant Neurologist
M.G.H.

*Doonan, James M.
Clinical Assistant, Surgery
1101 Beacon Street, Brookline, Mass. 02146

*Doppke, Karen P.
Assistant in Radiation Biophysics
(Radiation Medicine)
M.G.H.

Dorman, John M., *Pediatrics*’73
Calif. COWELL Student Health Services
Stanford University
Stanford, Calif. 94305

Doroshow, James H., *Medicine*’75
Apt. 1623 South
5225 Pooks Hill Road
Bethesda, Md. 20014

Dos Santos, Maria Julia L., *Anesthesia*’72
B.U.H.

*Doyle, Gerald J.
Clinical Assistant in Medicine
8 Hawthorne Place
Boston, Ma. 02114

Drachman, David A., *Neurology*’60
Northwestern University Medical School
Chicago, Ill. 60611

Drapkin, Mark S., *Medicine*’74
Chief of Infectious Disease Service
Newton-Wellesley Hospital
2014 Washington Street
Newton Lower Falls, Mass. 02162

*Draskoczy, Camille B.
3rd Year Resident in Neurology
M.G.H.

Dreier, Theodore, Jr., *Psychiatry*’63
70 Fayerweather Street
Cambridge, Mass. 02138

*Dreisbach, James N.
4th Year Resident in Radiology
M.G.H.

*Dretler, Stephen P., *Urology*’71
Assistant in Urology
M.G.H.

Drew, Michael A., *Orthopaedic Surgery*’71
P.B.B.H.

Drewry, Garth R., *Medicine*’53
1 Davis Blvd., Tampa, Fla. 33606

Dreyfus, Pierre M., *Neurology*’55
University of California
Davis, Calif. 95616

*Dreyfuss, Jack R.
Radiologist
Zero Emerson Place
Boston, Mass. 02114

*Driscoll, Robert A.
Clinical Associate in Pediatrics
464 Granite Avenue, Milton, Mass. 02186

*Drop, Lambertus J., *Anesthesia*’71
Assistant in Anesthesia
M.G.H.

DuBois, Carol S., *Psychiatry*’75
6921 Topaz Drive S.W.
Tacoma, Washington 98499

DuBois, Jay G., *Pathology*’75
6921 Topaz Drive S.W.
Tacoma, Washington 98499

*Dudani, Niranjankumar
Clinical Fellow in Medicine
M.G.H.

Duff, Arthur W., *Pathology*’64
St. Francis Hospital
900 Hyde Street
San Francisco, Calif. 94109

Duffy, Frank H., *Neurosurgery*’65
4 Bryden Rd., Weston, Mass. 02193

*Duggan, John A.
Clinical Associate in Pediatrics
630 Plantation St.
Worcester, Mass. 01605

*Dulaney, John T.
Assistant in Biochemistry
(Neurology)
Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Dumont, Matthew P.
Assistant Psychiatrist
190 Portland Street
Boston, Mass. 02114

Duncan, Gary W., *Neurology*’73
Vanderbilt University School of Medicine
Department of Neurology
Nashville, Tenn. 37200

Duncombe, Alfred L., *Medicine*’34
336 Pleasant Street, Brockton, Mass. 02401

Dunkman, W. Bruce, *Medicine*’70
U. of Pa. Cardiology Service
Philadelphia V.A. Hospital
Philadelphia, Pa. 19104

Dunn, Fa-Chi, *Dermatology*’54
Kaiser Foundation Hospital
Oakland, Calif. 94611

Dunn, William L., *Pathology* '60
University of British Columbia
Vancouver, B.C., Canada

*Durant, Thomas S.
Assistant Director of the MGH
Assistant Surgeon
M.G.H.

Duritz, Gilbert, *Children's* '70
2356 Bywood Drive
Oakland, Calif. 94602

Durno, Edwin R., *Surgery* '29
2512 E. Main Street, Medford, Ore. 97501

D'urso, John J., *Dermatology* '44
218 Bristol Street
Seabrook Beach, N.H. 03874

*Dvorak, Ann M.
Associate Pathologist
M.G.H.

*Dvorak, Harold F.
Associate Pathologist
M.G.H.

Dwight, Richard W., *Surgery* '31
2 Cedar Road
Chestnut Hill, Mass. 02167

Dwyer, John H., *Children's* '56
5025 Castleman St., Pittsburgh, Pa. 15232

*Dwyer, Thomas F.
Psychiatrist
M.G.H.

*Dyer, Edward C.
Associate Pediatrician
B.H.H.C.

Earls, Felton J. III, *Psychiatry* '73
Department of Psychiatry
C.H.M.C.

Eaton, Richard G., *Orthopaedics* '61
Roosevelt Hospital
428 West 59th St.
New York, N.Y. 10019

Eaton, S. Boyd, *Radiology* '69
4271 N. Elizabeth Lane
Smyrna, Ga. 30080

*Ebeid, Amin M.
Clinical and Research Fellow
in Surgery
M.G.H.

Eckhardt, Lloyd O., *Psychiatry* '70
Colorado Medical Center
Dept. of Child Psychiatry
Denver, Colorado 80220

Edelman, Gerald M., *Medicine* '55
Rockefeller Institute for Medical Research
66th and York Ave., New York, N.Y. 10021

Edelson, Richard L., *Dermatology* '72
National Institutes of Health
Bethesda, Md. 20014

Edelstein, Leon M., *Dermatology* '62
Department of Biochemistry
Brandeis University
Waltham, Mass. 02154

*Edmondson, Richard H.
1st Year Resident in Anesthesia
M.G.H.

Edsall, Geoffrey, *Medicine* '36
5 Ellerdale Road
Hampstead, N.W. 3, London, England

Egloff, Frank R.L., *Psychiatry* '51
89 Gardiner Rd., Box 46
Woods Hole, Mass. 02543

Ehrenkranz, N. Joel, *Medicine* '54
Lebanon Hospital
P. O. Box 520793
Miami, Fla. 33152

*Ehrlich, H. Paul
Assistant Biochemist (Pathology)
M.G.H.

*Ehrlich, Michael G.
Assistant Orthopaedic Surgeon
M.G.H.

Eiseman, Ben, *Surgery* '43
University of Colorado School of
Medicine
Denver, Colo. 80220

*Eisenberg, Carola B.
Consultant in Psychiatry
Student Health Center
M.I.T.

*Eisenberg, Leon
Board of Consultation
C.H.M.C.

Eisenstadt, Michael L., *Children's* '75
New York Hospital
68th Street and York Avenue
New York, N.Y. 10021

*Eisenthal, Sherman
Assistant Psychologist (Psychiatry)
M.G.H.

Eldredge, James H., *Orthopaedics* '60
35 Cedar Street, P.O. Box 1328
Hyannis, Mass. 02601

*Eldredge, LeRoy L., Jr., *Children's* '51
Associate Pediatrician
13 Leavitt Street, Hingham, Mass. 02043

Eliel, Leonard P., *Medicine* '42
Veterans Administration Hospital
American Lake
Tacoma, Washington 98493

*Eliot, Gail R.
Clinical Associate in Radiology
M.G.H.

Eliscu, Edward H., *Radiology* '69
Orlando Naval Hospital
Department of Radiology
Orlando, Fla. 32813

Ellery, Sidney W., *Surgery* '43
1090 Atlantic Ave.
Long Beach, Calif. 90813

Elliott, Joseph A., Jr., *Medicine* '45
1012 Kings Dr., Charlotte, N.C. 28207

*Ellis, Daniel S., *Medicine* '41
Physician
M.G.H.

Ellis, Effie O., *Children's* '52
169 Clarendon Ave., Columbus, Ohio 43223

Ellis, Lawrence B., *Medicine* '28
319 Longwood Ave., Boston, Mass. 02115

*Ellis, Ronald D.
1st Year Resident in Orthopaedic Surgery
M.G.H.

*Ellman, Leonard L., *Medicine* '69
Associate Physician
Assistant Director, Clinical Laboratories
M.G.H.

*Elman, Arthur J.
2nd Year Resident in Radiation Medicine
M.G.H.

*Emans, John B. II
Chief Resident in Orthopaedic Surgery
M.G.H.

Embree, Larry J., *Neurology* '62
Pathology '63
Neurology Section
Louisiana State University
Medical Center
Shreveport, La. 71130

*Emerson, Clifton W.
3rd Year Resident in Anesthesia
M.G.H.

*Emerson, George F., *Surgery* '42
Clinical Associate, Surgery
62 Columbian St.
South Weymouth, Mass. 02190

Empson, Dora R., *Children's* '64, *Anesthesia* '67
Old Marion Rd., Mattapoisett, Mass. 02739

*Engel, Lewis L.
Board of Consultation
H.M.S.

*England, Albert C., Jr.
Assistant in Neurology
M.G.H.

*Epp, Edward R.
Radiation Biophysicist (Radiation Medicine)
M.G.H.

Eppright, Richard H., *Orthopaedics* '55
1200 Moorsund Ave.
Houston, Texas 77025

*Epstein, Michael F.
Chief Resident on Children's Service
M.G.H.

*Erana, Luis
Research Fellow in Surgery
M.G.H.

*Erbe, Richard W.
Associate Pediatrician
Assistant Physician
M.G.H.

*Erdmann, A. John III
Assistant in Surgery
M.G.H.

*Erman, Milton K.
1st Year Resident in Psychiatry
M.G.H.

*Eron, Lawrence J., *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

*Escourrou, Jean C.
Research Fellow in Surgery
M.G.H.

Esmaili, Mohammad H., *Anesthesia* '68
Saadi Hospital, Pahlavi University
Shiraz, Iran

*Esmiol, Pattison
Associate Psychiatrist
Charles River Counseling Center
154 Wells Avenue
Newton, Ma. 02159

*Essember, Lawrence J., *Children's* '53
Associate Pediatrician
Danvers Medical Building
Danvers, Mass. 01923

Esslinger, John O., *Orthopaedics* '52
1100 Sixth Street
Traverse City, Mich. 49684

Estes, Joseph W., *Pathology* '65
B.U.H.

*Evans, David R.
Consultant in Urology
M.G.H.

Evans, Richard R., *Pathology* '44
Cleveland Clinic
2020 East 93rd St.
Cleveland, Ohio 44106

*Evans, Robert E., *Oral Surgery* '66
Assistant Oral Surgeon
110 Francis St., Boston, Mass. 02215

Evans, Sheridan S., *Surgery* '50
619 S. Broadway, McAllen, Texas 78501

Everett, Henry C. III, *Psychiatry* '58
345 Harvard St.
Cambridge, Mass. 02138

Ewell, John W., *Medicine* '37
Director, Premedical Office
Yale College, 110 Sheffield Hall
1604A Yale Station
New Haven, Conn. 06520

Eyler, William R., *Children's* '43, *Radiology* '49
Henry Ford Hospital
Detroit, Mich. 48202

Eyre, David R., *Orthopaedic Surgery* '71
C.H.M.C.

Fagenholz, Linda S.L., *Children's* '75
Nuffield Institute for Medical Research
Headley Way, Headington
Oxford OX3 905 England

*Fagenholz, S. Allen, *Children's* '73
Research Fellow in Medicine
M.G.H.

Fagundes, Luiz A., *Radiation Medicine* '75
N.E.M.C.H.

*Fahey, Stephen R.
1st Year Resident (Intern)
on the Children's Service
M.G.H.

*Fahmy, Nabil R.
Assistant Anesthetist
M.G.H.

*Fair, Paul L.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

Fairlie, Chester W., Jr., *Medicine* '47
85 Jefferson St., Hartford, Conn. 06103

*Faix, James D.
1st Year Resident (Intern) in Pathology
M.G.H.

*Falk, William E.
2nd Year Resident in Psychiatry
M.G.H.

*Fallon, John T.
2nd Year Resident in Pathology
M.G.H.

*Falltrick, Robert T.
2nd Year Resident in Anesthesia
M.G.H.

*Fang, Leslie S.
2nd Year Resident in Medicine
M.G.H.

*Bashir-Farahmand, Jaleh
Clinical Assistant in Surgery
M.G.H.

*Farhadi, Amir M.
Clinical Associate in Psychiatry
M.G.H.

*Farhadi, Marie S.
Clinical and Research Fellow in Psychiatry
M.G.H.

*Farivar, Mohammad
Research Fellow in Medicine
M.G.H.

Farmer, Douglas A., *Surgery* '43
Hospital of St. Raphael, 1450 Chapel St.
New Haven, Conn. 06511

*Farnham, Jack E.
Clinical Assistant in Medicine
M.G.H.

*Farnsworth, Dana L., *Medicine* '35
52 Old Concord Road
Belmont, Mass. 02178

*Farquhar, Barbara B.
Assistant Computer Scientist
(Medicine)
M.G.H.

Fawcett, Don W., *Surgery* '43
H.M.S.

*Faxon, Henry H., *Surgery* '28
Board of Consultation
309 Warren St., Brookline, Mass. 02146

Fazioli, Ruth A., *Children's* '69
c/o 534 No. Stone Street
La Grange, Ill. 60525

*Fearer, Nathan H., *Children's* '58
Assistant Pediatrician
2 Orchard Lane, Danvers, Mass. 01923

Federman, Daniel D., *Medicine* '55
Chief of Medicine
Stanford University Medical Center
Stanford, Calif. 94305

Feigin, Ralph D., *Children's* '68
St. Louis Children's Hospital
500 South Kingshighway
St. Louis, Mo. 63110

*Feinerman, Arthur E.
Clinical Fellow in Medicine
MGH-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

Feingold, Murray, *Children's* '63
20 Ash Street, Boston, Mass. 02111

*Feinhandler, Sherwin J.
Ass't Anthropologist (Psychiatry)
133 Mt. Auburn Street
Cambridge, Mass. 02138

*Feldman, Geraldine G.
Clinical Associate on the Children's Service
M.G.H.

Feldman, Joel J., *Surgery* '74
1993 Greenberry Road
Baltimore, Md. 21209

Fell, Gary, *Surgery* '75
3 Tudor Court
North Balwyn
Victoria, 3104
Australia

*Feller, Edward R.
Clinical Fellow in Medicine
M.G.H.

Felter, Jeffrie B., *Orthopaedic Surgery* '73
23 Dunster Lane
Winchester, Mass. 01890

*Fenichel, Robert R.
Research Fellow in Medicine
M.G.H.

Ferguson, Albert B., Jr., *Orthopaedics* '50
Children's Hospital
Pittsburgh, Pa. 15213

*Ferguson, Edward L., *Surgery* '59
Clinical Associate in Surgery
1767 Northampton Street
Holyoke, Mass. 01041

Ferguson, Ira A., Jr., *Surgery* '59
Emory University Clinic
Atlanta, Ga. 30322

Ferguson, James J., Jr., *Medicine* '55
831 Amies Lane, Bryn Mawr, Pa. 19010

Fern, Donald J., *Psychiatry* '61
McL.

*Fernandez, Raymond J.
3rd Year Resident in Neurology
M.G.H.

Ferraro, Nalton F., *Oral Surgery* '75
59 Ackers Avenue
Brookline, Mass. 02146

*Ferrell, Robert W., Jr.
Assistant in Psychiatry
M.G.H.

*Ferris, Benjamin G.
Consultant in Medicine
665 Huntington Avenue
Boston, Mass. 02115

*Ferrucci, Joseph T., *Radiology* '67
Radiologist
M.G.H.

*Fiascone, Arnold D.
Assistant Pediatrician
1 Salem Street, Wakefield, Mass. 01880

Field, James B., *Medicine* '64
University of Pittsburgh School of
Medicine, Pittsburgh, Pa. 15261

*Field, Mark G.
Assistant Sociologist, Psychiatry
96 Cummington Street
Boston, Mass. 02215

Field, Paul, *Surgery* '62
255 Larch Street
Sudbury, Ontario, Canada P3B 1M2

*Field, Richard A., *Medicine* '55
Clinical Associate in Medicine
M.E.E.I.

*Fienberg, Robert
Clinical Associate, Pathology
Beverly Hospital
Beverly, Mass. 01915

Figman, Robert J., *Surgery* '69
51 Brattle Street
Cambridge, Mass. 02138

Fine, Jacob, *Surgery* '27
B.I.H.

*Fink, David J.
2nd Year Resident in Medicine
M.G.H.

*Finkelstein, Stan N.
Clinical Fellow in Medicine
M.G.H.

*Finkelstein, Warren
Clinical Fellow in Medicine
M.G.H.

Finkenstaedt, John T., *Medicine* '49
Cornell University Medical College
New York, N.Y. 10021

Finley, Knox H., *Medicine* '34, *Neurology* '36
The Presbyterian Medical Center
Clay & Webster Streets
San Francisco, Calif. 94115

Finseth, Frederick J., *Surgery* '72
Yale University School of Medicine
New Haven, Conn. 06510

Firminger, Harlan I., *Pathology* '47
University of Maryland School of Medicine
Baltimore, Md. 21201

First, Robert A., *Orthopaedics* '64
Hillside Medical Park
Baker Ave., West Concord, Mass. 01781

*Fischberg, Bruce W.
Associate Psychiatrist
18 Moore Street
Belmont, Mass. 02178

Fischer, Beverly Ruth, *Children's* '71
1414 Bay Boulevard
Atlantic Beach, N.Y. 11509

*Fischer, Edwin G., *Neurosurgery* '70
Assistant in Neurophysiology in Neurosurgery
C.H.M.C.

Fischer, John R., *Radiology* '71
Washoe Medical Center
Reno, Nevada 89502

*Fischer, Josef E., *Surgery* '69
Associate Visiting Surgeon
M.G.H.

Fischer, Keith C., *Radiology* '75
P.B.B.H.

*Fischetti, Michael R.
Clinical Fellow in Medicine
M.G.H.

Fish, James E., *Surgery* '32
1442 S.E. 7th Court
Deerfield Beach, Fla. 33441

*Fisher, C. Miller
Neurologist; Associate
Neuropathologist, Pathology
M.G.H.

Fisher, Mary S., *Medicine* '49
Philadelphia General Hospital
Philadelphia, Pa. 19104

Fisher, Michael, *Dermatology* '67
Albert Einstein Medical Center
Bronx, N.Y. 10461

Fisher, Morris A., *Neurology* '70
Rush Presbyterian Hospital
Department of Neurology
Chicago, Ill. 60607

Fisher, Richard I., *Medicine* '72
National Cancer Institute
Building 10, Room 12N226
Bethesda, Md. 20014

Fishman, Robert A., *Neurology* '50
University of California Medical Center
San Francisco, Calif. 94122

*Fisk, Samuel H.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

Fite, E. Halsell, *Surgery* '26
201 South 36th Street
Muskogee, Okla. 74401

*Fitzhugh, Greene
Senior Consulting Staff
266 Beacon Street, Boston, Mass. 02116

*Fitzpatrick, Thomas B.
Chief of Dermatology Service
M.G.H.

*Fiumara, Nicholas J.
Clinical Associate, Dermatology
Department of Public Health
600 Washington Street, Boston, Mass. 02111

Flacke, Joan W., *Anesthesia* '64
c/o Dr. Werner Flacke
Univ. of Arkansas Medical Center
Little Rock, Arkansas 72200

Flagg, James A., *Anesthesia* '55
Bridgeport Hospital
Bridgeport, Conn. 06610

Flanagan, Norris B., *Psychiatry* '40
203 Grove Street
Wellesley, Mass. 02181

Flaxman, B. Allen, *Dermatology* '65
189 Governor Street
Providence, RI 02906

*Fleming, T. Corwin, *Neurology* '61
Assistant in Neurology
208 Beacon Street
Boston, Mass. 02116

*Flint, Gregory L.
3rd Year Resident in Dermatology
M.G.H.

Florence, David W., *Orthopaedics* '60
205 S. Rhode Island Street
Minneapolis, Minn. 55426

Floyd, William N., *Radiology* '75
Lahey Clinic
Boston, Mass. 02215

Flynn, Chester J., *Anesthesia* '66
Baylor Medical College
Department of Physiology
Houston, Texas 77025

*Flynn, Robert E.
Assistant Neurologist
736 Cambridge Street
Brighton, Mass. 02135

*Fogelson, Frederick S.
Chief Resident in Orthopaedic Surgery
M.G.H.

Foldes, Francis F., *Anesthesia* '43
Montefiore Hospital
Bronx, N.Y. 10467

Foley, F. Daniel, *Pathology* '64
434 Spaceway Drive
San Antonio, Texas 78239

Folkman, M. Judah, *Surgery* '65
C.H.M.C.

Folsom, Hugh F., *Medicine* '31
West Townshend, Vt. 05353

*Foote, Warren E.
Associate Psychologist (Psychiatry)
M.G.H.

*Forbes, Anne P.
Physician
M.G.H.

Forbes, Cecile Politis, *Children's* '56
Dodge Road, Woodstock, Conn. 06281

Ford, Amasa B., *Medicine* '52
University Hospitals
Cleveland, Ohio 44106

*Ford, Henry C.
Clinical Fellow in Medicine
M.G.H.

*Forger, John M. III
Assistant in Biology (Medicine)
M.G.H.

Forget, Bernard G., *Medicine* '65
Pathology '68
95 Warren St., Needham, Mass. 02192

Fornshell, Robert P., *Orthopaedics* '58
85 Osborne Street
Danbury, Conn. 06810

Forrester, Deborah M., *Radiology* '68
University of Southern California
Los Angeles, Calif. 90007

Fosburg, Martin T., *Children's* '74
123 Elm Street
Somerville, Mass. 02143

*Foster, Gerald S., *Medicine* '53
Physician
M.G.H.

Fowler, Charles B., *Orthopaedics* '29
228 32nd Avenue
San Francisco, Calif. 94121

Fowler, Dwight M., *Surgery* '46
Cove St., Duxbury, Mass. 02332

*Fowler, Joseph W. III
Clinical Associate on the Children's Service
101 Amesbury Street
Lawrence, Mass. 01840

Fox, Brendan M., *Urology* '63
20 Ashley St., Hartford, Conn. 06105

Fox, Lowell E., *Anesthesia* '75
C.H.M.C.

*Fox, Sherman S.
1st Year Resident in Psychiatry
M.G.H.

*Fozard, James L.
Assistant Psychologist, Psychiatry
Veterans Administration Clinic
17 Court St., Boston, Mass. 02108

Fraley, Elwin E., *Urology* '66
412 Union Street S.E.
Minneapolis, Minn. 55455

Frame, Boy, *Medicine* '55
Henry Ford Hospital
Detroit, Mich. 48202

Francis, Charles K.A., *Medicine* '73
Martin Luther King Med. Center
1620 East 119 Street
Los Angeles, Cal. 90059

*Frank, Arlene F.
Research Fellow in Psychology (Psychiatry)
M.G.H.

*Frank, Robert A.
Clinical Assistant in Oral Surgery
B.H.H.C.

*Frank, Thomas, *Children's* '53
Clinical Associate in Pediatrics
284 Harvard Street, Cambridge, Mass. 02139

*Frankel, Freddy H.
Assistant Psychiatrist
B.I.H.

*Frankel, Jerold M.
Assistant in Oral Surgery
B.H.H.C.

Franklin, John Edward, Jr., *Medicine* '71
New York Hospital
Cornell Medical College
New York, N.Y. 10021

*Franklin, William
Associate Physician
One Hawthorne Place
Boston, Mass. 02114

Franseen, Clifford C., *Surgery* '32
110 Francis St., Boston, Mass. 02215

Franseen, Elmer F., *Orthopaedics* '47
780 Chestnut St., Springfield, Mass. 01107

Franz, Elmer M., *Orthopaedics* '48
1750 Race St., Denver, Colo. 80206

*Fraser, Helen R.
1st Year Resident (Intern) in Pathology
M.G.H.

Frazier, Howard S., *Medicine* '55
B.I.H.

Frederick, Elizabeth Schell, *Medicine* '66
5 Ave. des Courses
Brussels 5, Belgium

Freed, Curt R., *Psychiatry* '72
UCLA Medical Center
San Francisco, Calif. 94122

*Freedberg, Irwin M., *Dermatology* '60
Consultant in Dermatology
B.I.H.

Freedman, Harold J., *Children's* '28
Health Department, Wentworth Inst.
550 Huntington Avenue
Boston, Mass. 02115

Freeman, Don W., *Children's* '35
100 Memorial Drive
Denison, Texas 75020

Freeman, Norman E., *Surgery* '35
Box 62, Ensenada, Mexico 00100

*Frega, Norberto S.
Clinical & Research Fellow in Medicine
M.G.H.

Freinkel, Ruth K., *Dermatology* '57
Northwestern University, School of Medicine
Chicago, Ill. 60611

*Fremont-Smith, Maurice
Board of Consultation
50 Commonwealth Avenue, Boston, Mass. 02116

Freymann, John G., *Medicine* '51
National Fund for Medical Education
2 West 46th Street
New York, N.Y. 10036

Frieberg, Joseph A., *Orthopaedics* '26
7154 Knoll Road
Cincinnati, Ohio 42537

Friedlaender, Robert P., *Pathology* '74
M.E.E.I.

Friedlich, Allan L., *Medicine* '48
Physician
Zero Emerson Place, Boston, Mass. 02114

Friedman, Clarence F., *Children's* '23
400 Rugby Road, Brooklyn, N.Y. 11226

*Friedman, Joel
Assistant in Psychology (Psychiatry)
N. Suffolk Mental Health Center
14 Porter St., E. Boston, Mass. 02116

Friedman, Leonard J., *Medicine* '56
23 Dewey Road
Lexington, Mass. 02173

Friedman, Mathew Joel, *Psychiatry* '71
Dartmouth Medical School
Hanover, N.H. 03755

*Friedman, Rochelle R.
Clinical Associate in Psychiatry
M.G.H.

*Friedman, Ronald D.
2nd Year Resident in Anesthesia
M.G.H.

Friedman, Stanford B., *Children's* '60
Dept. of Psychiatry
University Maryland School of Medicine
Baltimore, Md. 21201

Fritz, Ronald E., *Anesthesia* '74
Maine Medical Center
Portland, Maine 04102

Fritz, William F., *Medicine* '51
2 West University Parkway
Baltimore, Md. 21218

Froese, Alison B.D., *Anesthesia* '72
265 Lawrence Avenue East
Toronto, Ontario, Canada M4N 1T6

*Fromer, John L.
Clinical Associate, Dermatology
605 Commonwealth Avenue
Boston, Mass. 02215

Frost, Harold M., *Surgery* '15
Friendship, Maine 04547

Frost, Robert G., *Anesthesia* '61
4th and Randall Way, Box 1253
Carmel, Calif. 93921

Fuchs, Pablo, *Surgery* '42
3a Ave., 7-34
Guatemala City, Guatemala

Fuldner, Russell V., *Orthopaedics* '39
178 Sherman Ave., New Haven, Conn. 06511

Fuleihan, Samir F., *Anesthesia* '74
Department of Anesthesia
American University of Beirut
Beirut, Lebanon

Fuller, Arlan F., *Surgery* '74
B.H.W.

Fuller, Henry, *Medicine* '29
210 Hibriten Way, Lakeland, Fla. 33802

*Fuller, Thomas C.
Assistant in Immunology (Surgery)
M.G.H.

*Funkenstein, H. Harris, *Neurology* '72
Assistant Neurologist
M.G.H.

Funsch, Robert E., *Orthopaedics* '51
6744 Clayton Rd., St. Louis, Mo. 63117

Fuson, W. Arthur, *Radiology* '27
520 Pleasant View, Trenton, Mo. 64683

Gabriel, Don A., *Medicine* '74
University of North Carolina School of Medicine
Chapel Hill, North Carolina 27514

Gabuzda, Thomas G., *Medicine* '57
Jefferson Medical College
Philadelphia, Pa. 19107

Gada, Preston H., *Surgery* '68
1300 St. Mary's Street, Raleigh, N.C. 27605

Gagliano, Angelo V., *Anesthesia* '74
M.E.E.I.

Galbraith, Nicoll F., Jr., *Surgery* '64
808 13th Ave., Modesto, Calif. 95354

*Galdabini, James J., *Pathology* '69
Assistant Pathologist
M.G.H.

Gall, Edward A., *Pathology* '37
University of Cincinnati
College of Medicine
Cincinnati, Ohio 45267

*Gallagher, Michael J.
3rd Year Resident in Pathology
M.G.H.

*Gallagher, William F., Jr., *Dermatology* '67
Assistant in Dermatology
36 Adams Street, Quincy, Mass. 02169

Galler, Janina R., *Psychiatry* '75
19 Royal Road
Brookline, Mass. 02146

*Galli, Stephen J.
3rd Year Resident in Pathology
M.G.H.

Gallia, Francis J., *Radiology* '68
Harrisburg Hospital
Harrisburg, Pa. 17101

*Gallico, G. Gregory III, *Surgery* '75
Clinical and Research Fellow in Surgery
c/o Prof. J. L. Gowans
Sir William Dunn School of Pathology
Oxford University
South Parks Road
Oxford, England

Gambill, John D., *Psychiatry* '72
B.U.H.

*Gammon, Maureen T.
Assstant in Biology (Medicine)
M.G.H.

*Ganz, Robert N., *Children's* '25
Senior Consulting Staff
M.G.H.

*Garcelon, Gerald G.
Clinical Associate, Surgery
2000 Washington Street
Newton Lower Falls, Mass. 02162

*Gardella, Joseph W., *Medicine* '46
Assistant Physician
M.G.H.

Gardiner, William J., *Medicine* '29
200 Glenayr Road
Toronto, Canada

*Gardner, David G.
2nd Year Resident in Medicine
M.G.H.

Gardner, George E., *Children's* '39
Psychiatry (McL) '40
Judge Baker Guidance Center
295 Longwood Avenue
Boston, Mass. 02115

Gardner, Lytt I., *Children's* '47
Upstate Medical Center Hospitals
Syracuse, N.Y. 13210

*Garg, Hari G.
Assistant Biochemist in Medicine
M.G.H.

*Garland, Rebecca C.
Assistant in Biochemistry (Medicine)
M.G.H.

*Garran, Frank W., Jr., *Surgery* '55
Clinical Associate, Surgery
40 Lewis Bay Road, Hyannis, Mass. 02601

*Garrard, Sterling D.
Associate Pediatrician
Walter E. Fernald State School
Box 158
Belmont, Mass. 02178

*Garrett, John C., *Surgery* '70
3rd Year Resident in Orthopaedic Surgery
M.G.H.

*Garrett, John W.D., *Anesthesia* '41
Associate Anesthetist
M.G.H.

Garrey, Walter E., *Surgery* '36
39 Orchard Avenue
Waban, Mass. 02168

Garrison, Penelope K., *Children's* '71
2455 Marshall N.W.
Portland, Oregon 97210

Garrity, Richard W., *Neurosurgery* '50
7910-B Frost St.
San Diego, Calif. 92123

*Garvey, Thomas Q.
Research Fellow in Medicine
M.G.H.

*Gates, Philip H.
Assistant Psychiatrist
M.G.H.

*Gauld, A. Gordon, *Surgery* '34
Board of Consultation
101 River Road
Weston, Mass. 02193

Gaunt, Frank P., *Surgery* '13
203 W. Cedar Avenue
St. Louis, Mo. 63119

Gauthier, Jacqueline, *Psychiatry* '57
2 Popular Street
Ipswich, Mass. 01938

Gay, Leslie N., *Medicine* '18
1114 St. Paul Street
Baltimore, Md. 21202

*Gayes, James M.
1st Year Resident in Anesthesia
M.G.H.

*Geffin, Bennie
Clinical Associate in Anesthesia
M.G.H.

*Geffin, Gillian A.
Research Fellow in Surgery
M.G.H.

Geha, Dwight G., *Anesthesia* '73
University of Arizona College of Medicine
Tucson, Arizona 85724

Geiger, Ronald H., *Orthopaedics* '71
630 Plantation Street
Worcester, Mass. 01605

Gelb, Lawrence D., *Medicine* '69
Barns and Wohl Hospital
4550 Scott Avenue
St. Louis, Mo. 63110

*Gelenberg, Alan J., *Psychiatry* '73
Clinical Associate in Psychiatry
M.G.H.

Geller, Eran, *Anesthesia* '71
c/o Pohoryles, 126 Ben-Jehuda St.
Tel-Aviv, Israel

*Geller, Richard J.
4th Year Resident in Pathology
M.G.H.

*Gelman, Martin L.
Clinical Associate in Medicine
M.G.H.

Gentry, Robert W., *Surgery* '43
65 N. Madison Avenue
Pasadena, Calif. 91101

Gentzler, Richard D. II, *Medicine* '71
Milton Hershey Medical Center
Hershey, Pa. 17033

*George, Anthony
1st Year Resident in Anesthesia
M.G.H.

George, H. Louis, Jr., *Children's* '30
320 Holcomb Street
Watertown, N.Y. 13601

George, Jack M., *Medicine* '65
Ohio State University School of Medicine
Columbus, Ohio 43210

*Gephart, F. Thomas, *Surgery* '48
Board of Consultation
Massachusetts Medical Society
22 Fenway, Boston, Mass. 02215

*Gerber, Bernard M.
2nd Year Resident in Psychiatry
M.G.H.

*Gergely, John
Biochemist, Neurology
R.F.

Germanos, Khalil, *Orthopaedics* '63
rue Abdel Wahab el Inglizi, Beirut, Lebanon

*Gerson, Sylvia C.
Research Fellow in Psychiatry
M.G.H.

*Gerweck, Leo E.
Research Fellow in Radiation Medicine
M.G.H.

Gevalt, Frederick C., Jr., *Medicine* '43
Sharon Clinic
Sharon, Conn. 06069

Gibbs, Richard F., *Anesthesia* '62
B.H.W.

*Gibson, James M., *Pathology* '65
Clinical Assistant in Pathology
Worcester Memorial Hospital
Worcester, Ma. 01605

Gibson, John G., *Psychiatry* '51
Department of Mental Health
Queen's University of Belfast
Belfast, Northern Ireland

Gibson, Robert C., *Medicine* '71
C.H.M.C.

Giddings, W. Philip, *Surgery* '46
RD 1; Pippin Knoll
Bennington, Vt. 05201

Gieske, Judith P., *Children's* '67
Presqu'ile
R.F.D. #1
Easton, Md. 21601

Gilbert, Allen C., *Urology* '23
1204 Aubin Road
Walla Walla, Wash. 99362

*Gilbert, Jeffrey M., *Psychiatry* '71
Assistant in Psychiatry
M.G.H.

*Gilbert, John P.
Assistant in Biostatistics (Anesthesia)
Harvard Computing Center
1730 Cambridge Street
Cambridge, Mass. 02138

Gilbert, Stuart G., *Radiation Medicine* '75
Dept. of Radiotherapy
Maine Medical Center, Portland, Me. 04102

*Gilchrest, Barbara A.
3rd Year Resident in Dermatology
M.G.H.

*Gill, Benjamin F.
Associate Psychiatrist
168 Homer Street
Newton Centre, Mass. 02159

*Gill, Peter Lawrence
Assistant Psychologist, Psychiatry
24 Coolidge Hill Road
Cambridge, Mass. 02138

Gillies, Alastair J., *Anesthesia* '52
Strong Memorial Hospital
Rochester, N.Y. 14620

Gilmore, Edward B., *Medicine* '70
Medical Associates
Bar Harbor, Maine 04609

Gimbrone, Michael A., Jr., *Surgery* '71
National Institutes of Health
Bethesda, Md. 20014

Ginandes, Shepard C., *Children's* '52
Fairhaven Hill
Concord, Mass. 01742

Ginsberg, Myron D., *Neurology* '70
121 Overbrook Parkway
Overbrook Hills, Pa. 19151

*Gissen, Aaron J.
Anesthetist
M.G.H.

*Gitterman, Miriam M.
Assistant in Radiation Biophysics
(Radiation Medicine)
M.G.H.

Gittes, Ruben F., *Surgery* '62, *Urology* '67
P.B.B.H.

Glass, Andrew C., *Children's* '67
National Cancer Institute
Bethesda, Md. 20014

Glass, D. David, *Anesthesia* '72
University of Mississippi Medical Center
Jackson, Mississippi 39216

Glendy, Margaret Moriarty, *Children's* '34
3806 Heatherton Road, S.W.
Roanoke, Va. 24014

Glendy, R. Earle, *Medicine* '34
3806 Heatherton Road, S.W.
Roanoke, Va. 24014

Glenn, William L., *Surgery* '46
Yale University School of Medicine
New Haven, Conn. 06510

*Glenn, William V., Jr.
3rd Year Resident in Radiology
M.G.H.

Glick, Hyman, *Orthopaedic Surgery* '71
B.I.H.

Glick, John L., *Medicine* '70
9 Belmont Avenue
Brattleboro, Vermont 05302

*Glick, Thomas H., *Neurology* '71
Assistant Neurologist
M.G.H.

*Glicklich, Earl A.
Clinical Associate in Dermatology
403 Commonwealth Avenue
Boston, Mass. 02215

*Glimcher, Melvin J., *Surgery* '53
Orthopaedics '56
Board of Consultation
C.H.M.C.

*Glines, George A.
Assistant in Pediatrics
8 Porter Street, Melrose, Mass. 02176

Glotzer, Donald J., *Pathology* '59, *Surgery* '60
B.I.H.

Glover, Donald M., *Surgery* '22
2181 Ambleside Road, Apt. 712
Cleveland, Ohio 44106

*Glowacki, Julianne
Research Fellow in Medicine
M.G.H.

Glueck, Charles J., *Medicine* '66
Gen. Clinical Research Unit
Cincinnati General Hospital
Cincinnati, Ohio 45229

*Godley, Anne F., *Medicine* '50
Assistant Physician
B.H.H.C.

Goeringer, C. Frederick, *Orthopaedics* '40
623 North Broad Street
Lansdale, Pa. 19446

Goettsch, Elvira, *Children's* '31
183 Third Avenue
Chula Vista, Calif. 92010

Goetz, Frederick C., *Medicine* '54
University of Minnesota Hospitals
Minneapolis, Minn. 55455

*Goings, Stella A.
2nd Year Resident in Medicine
M.G.H.

*Goitein, Michael
Associate Radiation Biophysicist in Radiation Medicine
M.G.H.

Gold, Gerald N., *Surgery* '64
Neurosurgery '70
717 Encino Place
Albuquerque, New Mexico 87106

*Gold, Herman K.
Assistant Physician
M.G.H.

Goldberg, Alan H., *Anesthesia* '60
B.C.H.

Goldberg, Leon I., *Medicine* '58
Committee on Clinical Pharmacology
University of Chicago, Pritzker
School of Medicine
Chicago, Ill. 60637

*Goldblatt, Allan
Assistant Physician; Pediatrician
M.G.H.

Goldblatt, Myron E., *Medicine* '26
784 Park St., New York, N.Y. 10021

Golden, Ross, *Radiology* '21
585 B. Avendia Majorca
Laguna Hills, Calif. 92653

*Golden, Theodore S.
Clinical Associate on the Children's Service
250 Franklin Street
Framingham, Mass. 01701

*Goldfein, Michael L., *Children's* '68
Assistant in Pediatrics
M.G.H.

*Goldfinger, Stephen E., *Medicine* '67
Associate Physician
M.G.H.

*Goldman, Lee
3rd Year Resident in Medicine
M.G.H.

Goldman, Mark R., *Medicine* '73
Major, U.S. Army
97th General Hospital
Frankfurt, Germany
APO New York, N.Y. 09757

*Goldman, Maury A.
Clinical Assistant in Medicine
20 West Emerson St.
Melrose, Mass. 02176

Goldmann, Donald A., *Medicine* '74
C.H.M.C.

*Goldring, Steven R.
Clinical and Research Fellow in Medicine
M.G.H.

Goldstein, Joseph L., *Medicine* '68
University of Texas Southwestern
Medical School
5323 Harry Hines Blvd.
Dallas, Texas 75235

*Goldstein, Mark A.
3rd Year Resident on the Children's Service
M.G.H.

*Goldstein, Richard L., *Medicine* '75
Clinical Fellow in Medicine
M.G.H.

*Goldstein, Robert J.
Clinical and Research Fellow in Medicine
M.G.H.

Goldthwait, Joel C., *Pathology* '48
1180 Beacon Street
Brookline, Mass. 02146

Gonzalez, Ernesto, *Dermatology* '72
P.O. Box 379
Dorado, Puerto Rico 00646

*Gonzalez, Jose R.
4th Year Resident in Surgery
M.G.H.

Goodale, Fairfield, Jr., *Pathology* '54
Medical College of Virginia
Richmond, Va. 23219

Goodgame, John T., *Surgery* '75
National Institute of Health
Bethesda, Md. 20014

*Goodman, Max L.
Associate Pathologist
M.E.E.I.

*Goodson, John D.
2nd Year Resident in Medicine
M.G.H.

Goodson, William H., Jr., *Psychiatry* (McL) '63
P.O. Box 394
Madison County Mental Health Center
Huntsville, Alabama 35804

Gordon, Arnold M., *Children's* '29
4406 Greenwood Drive
Des Moines, Iowa 50312

Gordon, Edgar S., *Pathology* '35
University Hospitals
Madison, Wis. 53706

*Gordon, John E.
Consultant in Preventive Medicine
M.I.T.
Clinical Research Dept.

*Gordon, Peter H.
1st Year Resident in Radiology
M.G.H.

*Gordon, Robert D.
Clinical and Research Fellow in Surgery
Clinical Research Center
Watford Road
Harrow, Middlesex
England HA1 3UJ

Gore, Charles P., *Psychiatry* '52
Dunollie Station Road
Menston, England

Gorman, Mary L. Gannon
Neuropathology '47
159 Main Street, Kingston, N.Y. 12402

Gorman, Rosemary V., *Medicine* '45
626 Westminster Ave.
Elizabeth, N.J. 07208

*Goroll, Allan H.
3rd Year Resident in Medicine
M.G.H.

*Gorski, Peter A.
2nd Year Resident on the Children's Service
M.G.H.

Gottlieb, Sheldon K., *Dermatology* '71
N.E.M.C.H.

Gotto, Antonio, Jr., *Medicine* '67
Methodist Hospital
Baylor College of Medicine
6516 Bertner Boulevard
Houston, Texas 77025

Gottschalk, Carl W., *Medicine* '52
University of North Carolina
School of Medicine
Chapel Hill, N.C. 27514

*Goudsouzian, Nishan G., *Anesthesia* '67
Assistant Anesthetist
M.G.H.

Goulian, Mehran, *Medicine* '61
Department of Medicine
University of Chicago
Chicago, Ill. 60637

*Grabias, Stanley L, *Orthopaedic Surgery* '74
Assistant in Orthopaedic Surgery
M.G.H.

*Gracia, Robert M., *Oral Surgery* '73
Clinical Associate in Oral Surgery
81 Hawthorne
New Bedford, Mass. 02747

*Graham, John R., *Medicine* '36
Board of Consultation
Faulkner Hospital
Jamaica Plain, Mass. 02130

Grant, George J.M., *Dermatology* '32
545 School Street
Lowell, Mass. 01851

Grant, Lester H., *Medicine* '57
New York University Medical Center
New York, N.Y. 10016

Grave, Gilman D., *Medicine* '68
National Institute of Child Health
and Human Development
Bethesda, Md. 20014

*Gravlee, Glenn P.
1st Year Resident in Anesthesia
M.G.H.

Graybiel, Ashton, *Medicine* '32
Box 4063, Warrington, Fla. 32507

Graze, Peter R., *Medicine* '73
1515 Purdue Avenue, #5
West Los Angeles, Calif. 90024

*Green, Sidney
Assistant in Psychiatry
1935 Beacon St., Waban, Mass. 02168

*Green, Thomas H., Jr., *Surgery* '53
Visiting Surgeon
8 Hawthorne Pl.
Boston, Mass. 02114

Green, William T., Jr., *Orthopaedics* '66
Children's Hospital
125 DeSoto Street
Pittsburgh, Pa. 15213

Greenberg, Jack J., *Surgery* '64
Mount Sinai Hospital
Miami Beach, Fla. 33140

Greenberg, Martin H., *Children's* '67
St. Francis Hospital
6161 South Yale Avenue
Tulsa, Oklahoma 74136

*Greenblatt, David J.
Assistant in Medicine
M.G.H.

Greene, D. Crosby, Jr., *Children's* '40
Rosewood Hospital
Owings Mills, Md. 21117

Greene, Gerald S., *Orthopaedics* '48
85 Jefferson St., Hartford, Conn. 06103

Greene, Mark H., *Medicine* '72
Special Action Office for Drug
Abuse Prevention, Room 302D
726 Jackson Place N.W.
Washington, D.C. 20506

Greene, Martin L., *Medicine* '67
515 Minor Avenue
Seattle, Washington 98104

Greene, Nicholas M., *Anesthesia* '51
Yale New Haven Hospital
New Haven, Conn. 06504

*Greene, Reginald E., *Radiology* '68
Associate Radiologist
M.G.H.

Greene, Richard W., *Medicine* '45
600 E. Genesee St.
Syracuse, N.Y. 13202

Greene, Robert G., *Orthopaedics* '53
66 South Fullerton Avenue
Montclair, N.J. 07042

*Greenes, Robert A.
1st Year Resident in Radiology
M.G.H.

*Greenfield, Alan J.
3rd Year Resident in Radiology
M.G.H.

Greenhill, Maurice H., *Psychiatry* '39
Director of Psychiatric Services
The Hospital of the Albert
Einstein College of Medicine
1825 Eastchester Rd., Bronx, N.Y. 10461

Greenleaf, David T., *Children's* '67
Orthopaedic Surgery '71
L.S.H.

*Greenstein, Robert
1st Year Resident in Radiology
M.G.H.

*Greenwald, Michael A., *Dermatology* '72
Clinical Assistant in Dermatology
110 Francis Street
Boston, Mass. 02215

Greenwood, Frederick A.H. *Orthopaedics* '59
Montreal General Hospital
Montreal, Canada

*Gregg, Ward I., *Surgery* '35
Board of Consultation, Surgery
267 Hillside St.
Milton, Mass. 02186

Gregory, Harold E., *Children's* '42
248 Court Street, Keene, N.H. 03431

Gregory, Robert A., *Neurology* '33
Provincial Hospital
Lancaster, N.B., Canada

*Greilsheimer, Howard M.
2nd Year Resident in Psychiatry
L.M.H.C.

Greisman, John J., *Urology* '70
Etobicoke General Hospital
101 Humber College Blvd., Suite 1097
Rexdale, Ontario, Canada

Grier, Robert S., *Medicine* '43
4925 Trinity Drive
Los Alamos, N.M. 87544

*Griesemer, Robert D., *Dermatology* '49
Clinical Associate in Dermatology
319 Longwood Ave.
Boston, Mass. 02115

Griffith, John F., *Neurology* '65
Department of Pediatrics
Duke University School of Medicine
Durham, N.C. 27706

*Grillo, Hermes C., *Surgery* '55
Visiting Surgeon
S.B.I.

Griner, Paul F., *Medicine* '64
University of Rochester Medical Center
Rochester, N.Y. 14620

Griscom, N. Thorne, *Children's* '58
Radiology '63
C.H.M.C.

*Groshong, Regina
Research Fellow in Psychology (Psychiatry)
M.G.H.

Gross, Brian H., *Anesthesia* '68
379 Washington Street
Winchester, Mass. 01890

*Gross, Jerome
Biologist, Medicine
M.G.H.

*Gross, Peter L., *Medicine* '75
Assistant in Medicine
M.G.H.

Grossbard, Elliott B., *Medicine* '75
Columbia Presbyterian Medical Center
622 West 168th Street
New York, N.Y. 10032

*Grossman, Jerome H.
Assistant Physician
M.G.H.

*Grossman, Melvyn L.
Clinical Associate in Psychiatry
L.M.H.C.

Grossman, Milton S., *Children's* '59
Mt. Sinai Hospital of Greater Miami
4300 Alton Road
Miami Beach, Fla. 33140

*Grover, John W., *Surgery* '59
Associate Visiting Surgeon
One Hawthorne Place
Boston, Mass. 02114

*Groves, James E.
Clinical Assistant in Psychiatry
M.G.H.

Groves, Laurence K., *Surgery* '47
Cleveland Clinic Foundation
2020 East 93rd Street
Cleveland Ohio 44106

Growdon, John H., *Neurology* '74
M.I.T., c/o Dr. R.S. Lees
Arteriosclerosis Center
40 Ames Street
Cambridge, Mass. 02142

*Gruber, Gabriel G.
2nd Year Resident in Dermatology
M.G.H.

*Grunfeld, Carl
2nd Year Resident in Medicine
M.G.H.

*Guggenheim, Frederick G.
Assistant Psychiatrist
M.G.H.

*Guiberteau, Milton J.
4th Year Resident in Radiology
M.G.H.

Guiney, Edward J., *Surgery* '64
36 Marlyn Rd.
Dublin, Ireland

*Guiney, Timothy E.
Assistant in Medicine
M.G.H.

Gundersen, Adolf L., *Surgery* '55
Gundersen Clinic
La Crosse, Wis. 54601

Gundersen, A. Erik, *Surgery* '62
Gundersen Clinic
La Crosse, Wis. 54601

*Gunderson, Leonard L.
Assistant Radiation Therapist
in Radiation Medicine
M.G.H.

Gundersen, Sigurd B., Jr., *Surgery* '54
Gundersen Clinic
La Crosse, Wis. 54601

Gundersen, Sven M., *Medicine* '31
Hitchcock Clinic
Hanover, N.H. 03755

Gundersen, Thorolf E., *Neurology* '41
Gundersen Clinic
La Crosse, Wis. 54601

Guntupalli, R.M.D.V. Prased, *Anesthesia* '74
Buffalo General Hospital
Buffalo, New York 14203

*Guralnick, Walter C.
Chief of the Department of Oral Surgery
Consultant in Dental Roentgenology (Radiology)
M.G.H.

Guss, Stephen B., *Dermatology* '70
Morristown Cardiology Associates
290 Madison Avenue
Morristown, N.J. 07960

*Guthrie, Andrew D., Jr.
Chief of Bunker Hill Health Center
Pediatrician
B.H.H.C.

Guyton, Arthur C., *Surgery* '46
University of Mississippi Medical Center
Jackson, Miss. 39216

*Guyton, Robert A.
3rd Year Resident in Surgery
M.G.H.

*Guyton, Steven W.
1st Year Resident (Intern) in Surgery
M.G.H.

Haas, Melvyn L., *Neurology* '72
1003 Chafee Avenue
Augusta, Georgia 30904

*Habener, Joel F.
Assistant Physician
M.G.H.

*Haber, Edgar, *Medicine* '62
Physician
M.G.H.

*Haber, Jerome
Research Fellow in Surgery
M.G.H.

*Hackett, Thomas P.
Psychiatrist
M.G.H.

Hadler, Nortin M., *Medicine* '73
University of North Carolina
School of Medicine
Chapel Hill, N.C. 27514

*Hadley, Terry P., *Dermatology* '72
Clinical Assistant in Dermatology
32 Hugh Cargill
Concord, Mass. 01742

*Haessler, Herbert A., *Children's* '60
Assistant Pediatrician
General Medical Associates
101 River Road
Weston, Mass. 02193

*Hagopian, Peter B.
Clinical Associate in Psychiatry
33 Bayberry Road
Danvers, Mass. 01923

Hahn, Michael J., *Pathology* '75
3401 A Balboa Lane
Columbia, Missouri 65201

*Hainen, Ronald L.
3rd Year Resident in Radiology
M.G.H.

Haines, Samuel F., *Medicine* '21
Mayo Clinic
Rochester, Minn. 55901

Hairabet, John K., *Anesthesia* '70
17 Georgiana Drive
Cumberland, R.I. 02864

Hajek, Joseph V., *Surgery* '67
The Sharon Clinic
Sharon, Conn. 06069

Hakala, Thomas R., *Surgery* '63, *Urology* '67
7500 Western Ave.
Golden Valley, Minnesota 55427

Hale, Clayton H., *Radiology* '43
1200 E. Genesee St.
Syracuse, N.Y. 13210

*Hales, Charles A.
Assistant in Medicine
M.G.H.

Hall, Buford, *Medicine* '46
40 S. Clay St., Hinsdale, Ill. 60521

*Hall, Clive L.
Research Fellow in Pathology
M.G.H.

*Hall, Deborah A.
2nd Year Resident in Radiology
M.G.H.

Hall, Francis C., *Medicine* '18
1180 Beacon St., Brookline, Mass. 02146

Hall, H. David, *Dentistry* '59
Department of Oral Surgery
Vanderbilt School of Medicine
Nashville, Tenn. 37232

Halldorsson, Thorlakur S., *Children's* '67
Alfheimar 27
Reykjavik, Iceland

Hallenbeck, Dorr F., Jr., *Psychiatry* '49
Lowell Road, Concord, Mass. 01742

Hallett, Mark, *Neurology* '75
Institute of Psychiatry
DeCrespigny Park, Denmark Hill, London, U.K

Hallgrimsson, Jonas, *Pathology* '64
Dept. of Pathology, U. of Iceland
P.O. Box 150, Reykjavik, Iceland

*Hallowell, Phillips, *Anesthesia* '55
Anesthetist
M.G.H.

*Halsted, Douglas O.
1st Year Resident in Orthopaedic Surgery
M.G.H.

Halverstadt, Donald B., *Surgery* 61, *Urology* '66
University of Oklahoma Medical Center
Oklahoma City, Okla. 73104

Hamilton, Howard B., *Children's* '45
901 S. Emerson Ave.
Indianapolis, Ind. 46203

*Hamlin, Hannibal, *Neurosurgery* '42
Senior Consulting Staff
270 Benefit St., Providence, R.I. 02903

*Hammerman, Marc R.
3rd Year Resident in Medicine
M.G.H.

*Hammond, M. Elizabeth H.
Assistant in Pathology
M.G.H.

Hammond, Graeme L., *Surgery* '68
73 Millbrook Road
Hamden, Conn. 06518

Hanaway, Joseph, *Neurology* '73
Washington University
St. Louis, Mo. 63100

*Hand, Bernard R.
Clinical Associate in Anesthesia
Lahey Clinic Foundation
605 Commonwealth Avenue
Boston, Mass. 02215

*Hanelin, Joseph
Clinical Associate, Radiology
27 W. Central St., Natick, Mass. 01760

*Hanlon, Thomas M.
Clinical Associate on the Children's Service
2 Orchard Lane
Danvers, Mass. 01923

*Hann, Lucy E.
1st Year Resident in Radiology
M.G.H.

*Hanna, Eleanor Z.
Assistant Psychologist (Psychiatry)
M.G.H.

*Hansen, Reid H.
1st Year Resident (Intern) in Surgery
M.G.H.

Hansen, Robert H., *Anesthesia* '57
286 Marion Dr.
Baton Rouge, La. 70806

Hanser, Theodore H., *Medicine* '24
3555 Sunset Office Dr.
St. Louis, Mo. 63127

Haralambie, James Q., *Children's* '36
32 Bonnie Way, Larchmont, N.Y. 10538

*Harbin, William P.
1st Year Resident in Radiology
M.G.H.

Harden, Lewis B., *Oral Surgery* '66
2709 Rainbow Drive
Cedar Falls, Iowa 50613

Harder, Hans J., *Anesthesia* '52
Schwabiner Krankenhaus,
Stadt Sparkasse,
Munich 23, Germany

*Hardin, John A., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

*Hardy, Harriet L.
Board of Consultation
Sandy Pond Road
Lincoln Ctr., Mass. 01773

*Hardy, Irad B., *Surgery* '42
Clinical Associate, Surgery
84 South Street, Waltham, Mass. 02154

*Harkness, Stephen H.
2nd Year Resident in Anesthesia
M.G.H.

*Harley, William D.
1st Year Resident in Radiology
M.G.H.

Harmel, Richard P., Jr.
2nd Year Resident in Surgery
M.G.H.

*Harnik, Eva
Assistant in Anesthesia
M.G.H.

Harper, David T., Jr., *Medicine* '63
Box 145, RFD 3, Easton, Md. 21601

Harper, Gordon P., *Psychiatry* '74
20 Orchard Avenue
Weston, Mass. 02193

*Harper, Richard W.
Clinical and Research Fellow in Medicine
M.G.H.

*Harper, Robert S., *Pathology* '58
Clinical Assistant, Pathology
Memorial Hospital
119 Belmont St., Worcester, Mass. 01605

Harrington, John T., Jr., *Medicine* '67
104 Tomahawk
San Antonio, Texas 78232

Harris, Edward D., Jr., *Medicine* '64
Dept. of Medicine
Dartmouth Medical School
Hanover, N.H. 03755

*Harris, Jeffrey E.
2nd Year Resident in Medicine
M.G.H.

Harris, H. Patterson, Jr., *Neurosurgery* '36
83 Mill Hill Lane
Southport, Conn. 06490

*Harris, William H., *Orthopaedics* '59
Visiting Orthopaedic Surgeon
266 Beacon St., Boston, Mass. 02116

Harris, W. Robert, *Orthopaedics* '52
170 St. George St.
Toronto, Ontario, Canada

Harrison, Elizabeth R., *Children's* '29
255 Bradley St.
New Haven, Conn. 06510

Harrison, Marlow B., *Medicine* '38
2000 Van Ness Ave.
San Francisco, Calif. 94109

Harrison, Michael R., *Surgery*
Surgery Office
Children's Hospital of Los Angeles
P. O. Box 54700
Los Angeles, Calif. 90054

Harrison, Timothy S., *Surgery* '59
University of Michigan Medical Center
1405 E. Ann Street, Ann Arbor, Mich. 48104

*Harrist, Terence J.
2nd Year Resident in Pathology
M.G.H.

Harter, John S., *Surgery* '35
Medical Arts Bldg.
Louisville, Ky. 40217

*Harthorne, J. Warren
Associate Physician
M.G.H.

Hartwig, Arthur R., *Orthopaedics* '48
4141 Geary Boulevard
San Francisco, Calif. 94118

*Harvey, Joan
3rd Year Resident in Medicine
M.G.H.

Harvey, Richard B., *Medicine* '46
251 Edwards St.
New Haven, Conn. 06511

Hashimoto, Ken, *Dermatology* '59
Boston Dispensary
25 Bennet St., Boston, Mass. 02128

Haslam, Kenneth R., *Anesthesia* '73
Dept. of Anesthesiology
No. Carolina School of Medicine
Chapel Hill, N.C. 27514

*Hass, Gerald
Clinical Associate, Children's Service
60 Fenno Street
Cambridge, Mass. 02139

Haswell, Howard P., *Anesthesia* '49
6 Carnoustie Road, Novato, Cal. 94947

Hathaway, John S., *Medicine* '32
470 Prospect Street
New Haven, Conn. 06511

Haut, Arthur, *Medicine* '53
University of Arkansas Medical Center
Little Rock, Ark. 72201

*Havas, Stephen W.
Clinical Associate in Medicine
B.H.H.C.

Hawes, Cornelius H., *Surgery* '31
458 Maple St., Fall River, Mass. 02720

Hawes, Lloyd E., *Medicine* '39
Children's '40, *Radiology* '42
P.B.B.H.

*Hawk, John C.
Chief Resident in Surgery
M.G.H.

Hawkes, Richard S., *Medicine* '33
233 Vaughan St., Portland, Me. 04102

Hayden, Jay G., *Anesthesia* '71
Lahey Clinic
605 Commonwealth Avenue
Boston, Mass. 02215

Hayden, John W., *Orthopaedics* '55
Gunderson Clinic
La Crosse, Wisc. 54601

*Hayes, Hamilton R., *Medicine* '73
Clinical Associate in Medicine
M.G.H.

*Haynes, Harley A., *Dermatology* '69
Consultant in Dermatology
M.G.H.

Haynes, Ormond L., Jr., *Medicine* '73
Capehart 322-D, Fort Story
Virginia Beach, Va. 23459

Haynes, Ruth C., *Anesthesia* '55
4857 Green Acres Drive
Columbus, Ohio 43221

Haynes, Walter M., *Surgery* '56
4857 Green Acres Drive
Columbus, Ohio 43221

*Hazard, Gerald W., *Children's* '65
Assistant Pediatrician
66 Lewis Bay Road
Hyannis, Mass. 02601

*Hazard, William L.
1st Year Resident in Anesthesia
M.G.H.

*Head, John M., *Surgery* '57
Associate Visiting Surgeon
Zero Emerson Place
Boston, Mass. 02114

*Heaney, John A.
Clinical Fellow in Urology
M.G.H.

Heath, Clark W., *Medicine* '28
Phillips Avenue
Rockport, Mass. 01966

Heath, Robert D., *Orthopaedics* '50
Geisinger Medical Center
Danville, Pa. 17821

*Hedberg, Stephen E., *Surgery* '62
Associate Visiting Surgeon
Zero Emerson Place
Boston, Mass. 02114

*Hedley-Whyte, John
Board of Consultation
B.I.H.

Heffron, Roderick, *Medicine* '31
18 Gray Lane
Falmouth, Mass. 02540

Heggie, John F., *Medicine* '56
625 Cleveland Avenue
Columbus, Ohio 43209

Heilbronn, Yechiel D., *Neurosurgery* '68
204 Hayarkem Street, Tel Aviv, Israel

*Heine, Mary C.
Research Fellow in Medicine
M.G.H.

Helfant, Murray H., *Neurosurgery* '65
One Buckminster Place
Framingham, Mass. 01701

Helgeson, Norman G.P., *Pathology* '66
Baylor University Medical Center
Dallas, Texas 75246

*Heller, Daniel G., *Children's* '75
Assistant in Pediatrics
M.G.H.

Heller, Richard M., *Radiology* '69
846 Rodney Drive
Nashville, Tenn. 37205

Heller, Robert S., *Radiation Medicine* '75
Radiation Therapy Service
Building T-2
Walter Reed Army Medical Center
Washington, D.C. 20012

*Helman, Milton E.
Clinical Associate in Dermatology
2012 Centre Street
W. Roxbury, Mass. 02132

*Helme, Robert D.
2nd Year Resident in Neurology
M.G.H.

Hemholz, Henry F., Jr., *Medicine* '39
Mayo Clinic
Rochester, Minn. 55901

Helms, Charles, *Medicine* '73
Laboratory of Infectious Diseases
National Institute of Allergy and
Infectious Disease
National Institutes of Health
Bethesda, Md. 20014

Hemli, Jesaiachu A., *Neurology* '75
28 Hanassi Avenue
Haifa, Israel

Henderson, Brian E., *Medicine* '64
Dept. of Pathology,
USC School of Medicine
2025 Zonal Ave., Los Angeles, Calif.
90033

*Henderson, Mary
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Hendren, W. Hardy, *Surgery* '58
Visiting Surgeon
M.G.H.

*Heney, Niall M., *Urology* '75
Assistant in Urology
M.G.H.

*Henley, John W.
Clinical Fellow in Medicine
M.G.H.

*Henneman, Elwood
Neurophysiologist, Neurology
H.M.S.

*Hensle, Terry W.
Chief Resident in Urology
M.G.H.

Hepburn, Robert H., *Urology* '43
91 Pioneer Drive
West Hartford, Conn. 06117

Herberman, Ronald B., *Medicine* '66
National Cancer Institute
Bethesda, Md. 20014

*Herbst, Arthur L., *Surgery* '62
Associate Visiting Surgeon
Zero Emerson Place
Boston, Mass. 02114

Hermann, Gilbert, *Surgery* '61
3865 Cherry Creek N. Drive
Denver, Colo. 80209

*Hermann, Howart T.
Associate Psychiatrist
34 Prospect Park
Newtonville, Mass. 02160

Herndon, James H., *Orthopaedics* '70
2719 Beechwood Drive
Grand Rapids, Michigan 49506

*Heros, Roberto C., *Surgery* '70
4th Year Resident in Neurosurgery
M.G.H.

Herrera, Rudolfe E., *Surgery* '46
Hospital Herrera-Llerandi
6a Ave. 8-71 Zona 10
Guatemala City, Guatemala

*Herrin, John T.
Associate Pediatrician
M.G.H.

Herrmann, John B., *Surgery* '62
Worcester City Hospital
26 Queen St.
Worcester, Mass. 01610

*Herscovics, Annette A.
Assistant Biochemist in Medicine
M.G.H.

Hershey, Falls B., *Surgery* '52
621 S. New Ballas Rd.
St. Louis, Mo. 63141

*Herzan, Helen M.
Associate Psychiatrist
266 Pleasant Street
Arlington, Mass. 02174

*Heslop, Malcolm J.
Clinical Fellow in Anesthesia
M.G.H.

*Heston, Julie L.
3rd Year Resident in Neurology
M.G.H.

*Hetzel, Frederick W.
Research Fellow in Radiology
M.G.H.

*Heyes, Edward A., *Orthopaedic Surgery* '74
1095 Blair Street
Salt Lake City, Utah 84111

Heyl, Henry L., *Neurosurgery* '40
Dartmouth Medical School
Hanover, N.H. 03755

Heyl, James T., *Medicine* '39
Phillips Exeter Academy
Exeter, N.H. 03833

*Hicks, Robert H., Jr., *Psychiatry* '74
Clinical Associate in Psychiatry
M.G.H.

*Hiebert, Clement A., *Surgery* '58
Clinical Associate, Surgery
321 Brackett St.
Portland, Maine 04102

*Hier, Daniel B.
2nd Year Resident in Neurology
M.G.H.

*Higgins, James T.
2nd Year Resident on the Children's Service
M.G.H.

*High, William L.
Clinical and Research Fellow in Neurology
M.G.H.

Highbee, Daniel R., *Medicine* '25
330 Franklin Street, Denver, Colo. 80218

*Highberger, John H.
Visiting Biochemist, Medicine
M.G.H.

*Hilgenberg, Alan D., *Surgery* '71
Chief Resident in Surgery
M.G.H.

*Hill, Lawrence F.
Clinical Fellow in Oral Surgery
M.G.H.

Hill, Leonard W., *Children's* '35
78 Bank St., Attleboro, Mass. 02703

Hill, Norman P., *Medicine* '46
Truesdale Hospital
Fall River, Mass. 02720

Hill, Thomas C., *Radiology* '75
c/o Gary Burke
165 Marguerite
Mill Valley, Calif. 94941

*Hill, William R., Jr.
Clinical Associate, Dermatology
M.G.H.

*Hillier, Robert K., *Surgery* '73
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Hills, Henry M., Jr., *Orthopaedics* '42
Doctor's Park
Columbia Ave. at Mongolia
Charleston, W. Va. 25302

Hills, Oscar W., *Medicine* '43
121 So. San Mateo Drive
San Mateo, Calif. 94401

Hinshaw, Arvil J., *Surgery* '47
3155 Stagg Dr., Beaumont, Texas 77701

*Hinton, Richard C.
2nd Year Resident in Neurology
M.G.H.

*Hirsch, Martin S.
Assistant Physician
M.G.H.

*Hirshfield, Irvin N.
Assistant in Biochemistry, Medicine
M.G.H.

Hitchcock, James, *Medicine* '21
Antrim, N.H. 03440

*Hnatowich, Donald J.
Assistant Chemist (Radiology)
M.G.H.

*Hobbs, Eleanor T.
2nd Year Resident in Medicine
M.G.H.

Hobson, Lawrence B., *Medicine* '44
Deputy Assistant Chief Medical Director for Research and Education in Medicine (15A)
Veterans Administration
810 Vermont Ave., N.W.
Washington, D.C. 20420

*Hochberg, Fred H.
Clinical Assistant in Neurology
M.G.H.

Hochberg, Mark S., *Surgery* '75
National Institutes of Health
Bethesda, Md. 20014

*Hochstedler, Rowen M., *Psychiatry* '75
Clinical Associate in Psychiatry
25 Green Street
Newburyport, Mass. 01950

Hochwalk, W. Richard, *Orthopaedics* '31
2300 Far Hills Avenue
Dayton, Ohio 45419

Hodes, Richard J., *Medicine* '73
National Cancer Institute
Bethesda, Md. 20014

*Hodgson, John S., *Surgery* '20
Board of Consultation
13 Jefferson Road
Chestnut Hill, Mass. 02167

Hoeffel, Gerald N., *Children's* '23
218 Middlesex Road
Chestnut Hill, Mass. 02161

Hofer, Myron, A. II, *Medicine* '60
New York State Psychiatric Institute
New York, N.Y. 10032

*Hoffer, Edward P., *Medicine* '71
Clinical & Research Fellow in Medicine
M.G.H.

*Hoffman, Robert M.
Assistant in Genetics on the Children's Service
M.G.H.

*Hoffmann, Sandra S.
Research Fellow in Radiology
M.G.H.

Hogan, John F., *Medicine* '49, *Children's* '51
99 Catilin Avenue, Rumford, R.I. 02916

Hogg, Jams C., *Pathology* '70
Dept. of Pathology
McGill University
Montreal, Quebec, Canada 3A 2B4

Holbrook, Arthur A., *Children's* '33
Medicine '34
425 E. Wisconsin Avenue
Milwaukee, Wis. 53202

*Holder, Richmond, *Medicine* '45
Psychiatry '46
Associate Psychiatrist
412 Beacon St., Boston, Mass. 02115

*Holland, Daniel J., Jr.,z*Dentistry* '46
Clinical Associate, Oral Surgery
1037 Beacon St.
Brookline, Mass. 02146

Holland, Jimmie C.B., *Psychiatry* '55
31 Mamaroneck Road
Scarsdale, N.Y. 10583

*Hollister, Nathaniel R.
Clinical Associate in Neurosurgery
Massachusetts Rehabilitation Hospital
125 Nashua Street
Boston, Mass. 02114

*Holmes, Joseph A., *Pathologyy*'36, *Surgery* '38
Clinical Associate, Surgery
84 South St., Waltham, Mass. 02154
ne*Holmes, Lewis B., *Children's* '65
Associate Pediatrician
M.G.H.

Holmes, R.yBrian, *Radiology* '50
University of Toronto
1 Kings College Circle
Toronto, Ontario m5S 1A8, Canada

Holmes, S. Grant, *Children's* '43
R.F.D. 4, Box 218-H
Pnsacola, Fla. 32503

Holt, Charles L., *Neurosurgery* '38
Faculty of Medicine
Mxorial University of Newfoundland
St. Johns, Newfoundland, Canada

Holt, William L., Jr.,z*Neurology* '37
Albany Medical Center Hospital
Albany, N.Y. 12208

*Holter, Arlen R.
3rd Year Resident in Surgery
M.G.H.

*Homans, John, Jr., *Medicine* '46
Clinical Associate
92 Spooner Road
Chestnut Hill, Mass. 02167

*Homcy, Charles J.
Clinical and Research Fellow in Medicine
M.G.H.

*Homer, Daryl R.
Assistant Pediatrician on
the Children's Service
MGH-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

*Hood, Antoinette F.
Clinical and Research Fellow (Acting hief
Resident) in Dermatology
M.G.H.

*Hoop, Bernard, Jr.
Associate Physiciy (Radiology)
M.G.H.

Hooper, David C., *Medicine* '75
7804 Westfield Drive
Bzhesda, Md. 20034

*Hoover, Herbert C., Jr.
4th Year Resident in Surgery
M.G.H.

Hopkins, Charles E., *Children's* '48
1313 Fish Hatchery Road
Madison, Wis. 53715

*Hopkins, Cyrus C., *Medicine* '70
Assistant Physician
Hospital Epidemiologist
M.G.H.

Hopkins, Frederick S., *Surgery* '19
1072 Longmeadow Street
Longmeadow, Mass. 01106

Hopkins, Robert W., *Surgery* '54
Miriam Hospital
164 Summit Ave.
Providence, Rhode Island 02900

Hopkins, Stanford W., *Surgery* '36
28 Orne Street
Marblehead, Mass. 01946

Hormell, Robert S., *Orthopaedics* '42
8 Porter St., Melrose, Mass. 02176

Horn, Carl E., *Orthopaedics* '42
5301 F. Street
Sacramento, Calk. 95819

Hosea, Stephen W., *Medicine* '75
National Institute of Allergy & Infecpous Diseases
Bethesda, Md. 20014

Hoshi, Motonori, *Neurology* '72
8-18-33 Tamagawa-gakuf
Machida, Tokyo, Japan

Hovsepian, Jeannette A., *Radiology* '58
Veterans Adminisgation Hospital
Palo Alto, Calif. 94304

Howard, Fred H., *Children's* '50
Plantation Manor
St. Thomas, Virgin Islands 00801

Howard, John E., *Medicine* '30
Johns Hopkins Hospital
Baltimore, Md. 21205

*Howard, Paul M., *Psychiatry* '37
board of Consultation
McL.

*Howard, Stephen D.
Clinical Fellow in Psychiatry
.G.H.

*Howe, Henry D., *Dentistry* '45
Clinical Associate in Oral Surgery
196 marlboro Street, Boston, Mass. 02116

Howe, Henry F., *Surgery* '34
Dept. of Occupational Health
American Medical Association
535 Dearborn St., Chicago, Ill. 60610

*Howell, Mary C.
Clinical Associate on the Children's Service
H.M.S.

Howell, Stephen B., *Medicine* '72
44 Shepard Street, Apt. 2
Cambridge, Mass. 02138

Howley, Peter M., *Pathology* '73
Laboratory of Pathology
National Cancer Institute
Bethesda, Md. 20014

Hubbard, Eliot, Jr., *Medicine* '21
29 Highland St.
Cambridge, Mass. 02138

Huber, William M., *Dermatology* '37
90 Commonwealth Ave.
Boston, Mass. 02116

Huckell, John R., *Orthopaedics* '58
220 Physicians and Surgeons Bldg.
8405 112th St.
Edmonton, Alberta, Canada

*Huddleston, James I., *Orthopaedics* '69
Assistant Orthopaedic Surgeon
M.G.H.

*Hudson, Terry M.
Assistant in Radiology
M.G.H.

*Hueter, David C., *Medicine* '73
Physician in Charge of Graphic Methods Lab
Section of Cardiology
University Hospital
750 Harrison Avenue
Boston, Mass. 02118

Hugenberger, Paul W., *Pathology* '32
Orthopaedics '35
264 Beacon Street
Boston, Mass. 02116

*Huggins, Charles E., *Surgery* '60
Director of Blood Bank
M.G.H.

Hughes, Harry C., *Orthopaedics* '37
1750 Race St., Denver, Colo. 80206

Hughes, Jams R., *Medicine* '61
All-India Institute of Hygiene and
Public Health
110 ChittaranjanzAve.
Calcutta 12, India

Hugin, Werner, *Anesthesia* '48
Cantonal Hospital
400 Basel
Switzerland

*Huizenga, Charles G.
Clinical Assistant in Pathology
M.G.H.

Hulter, Marilyn N., *Anesthesia* '74
25 Corte Lodato
Greenbrae, Calif. 94904

Hummel, L. Edgar, *Pathology* '32
Edward J. Meyer Memorial Hospital
Buffalo, N.. 14215

Humphreys, Storer P., *Orthopaedics* '36
Neurosurgery '37
266 Beacon Street, Boston, Mass. 02116

*Hunt, Jettie V.
1st Year Resident (Intern)
in Pathology
M.G.H.

Hunt, Richard T.N., *Pathology* '58
Mt. Diablo Hospital
Dept. of Pathology
Concord, Calif. 94520

Hunter, Ralph W., *Neurology* '39
Hitchcock Clinic
Hanover, N.H. 03755

Huntington, Benjamin L., *Medicine* '40
6 Lincoln Avenue
Manchester, Mass. 01944

Huppe, Justin R., *Radiology* '57
Prinzregentenstrasse, 66
Munich, Germany

*Hurston, Ronald O.
Assistant in Psychiatry
18 Moore Street
Belmont, Mass. 02178

*Hurt, R. Wayne, *Neurosurgery* '75
Assistant in Neurosurgery
M.G.H.

Hurxthal, Lewis M., *Medicine* '27
404 Sandwich Street
Plymouth, Mass.y02360

Huston, Lewis L., *Orthopaedics* '37
146 Chestnut Street
Springfield, Mass.z01103

*Hutcheson, Bellenden R.
Clinical Associate, Psychiatry
Dept. of Mental Health
190 Portland St.
Boston, Ma. 02114

Hutchinson, David, *Psychiatry* '69
317 Hot Springs Blvd.
Route 1, Box 499-D
Las Vegas, N.M. 87701

*Hutter, Adolph M., Jr.
Assistant Physician
M.G.H.

Hutton, John J., Jr., *Medicine* '65
Deqrtment of Medicine
University of Kentucky Medical School
Lexington, Kentucky 40506

Hyman, Vera C., *Pathology* '72
439 Whitman Drive
Florence, S. Carolina 29501

*Hysgp, Newton E., Jr., *Medicine* '63
Assistant Physician
M.G.H.

Ibsen, Bjorn, *nesthesia* '50
Anaesthesiologisk afd.
Kommunehospitalet K.
Copenhagen, Denmark

Ilfeld, frederick W., *Orthopaedics* '37
436 N. Roxbury Drive
Beverly Hills, Calif. 90210

Imbembo, Anthony L., *Surgery* '73
4000 N. Charles Street
Baltimore, Md. 21218

Ingalls, Theodore H., *Children's* '38
52 Oaks Road
Framingham, Mass. 01701

*Ingersoll, Francis M., *Surgery* '39
Visiting Surgeon
8 Hawthorne Place, Boston, Mass. 02114

*Inglis, George B.
Research Fellow in Radiology
M.G.H.

*Irr, Joseph D.
Research Fellow in Pediatrics
M.G.H.

*Irwin, Charles F.
Clinical Fellow in Medicine
M.G.H.

*Irwin, David
Assistant Biochemist (Surgery)
S.B.I.

*Irwin, John W.
Assistant Physician
M.E.E.I.

*Irwin, Robert J., Jr., surgery '69
Urology '74
Assistant in Urology
M.G.H.

Isaacs, James P., anesthesia '52
105 Charicote Rd.
Baltimore, Md. 21218

*Iskandar, Adly H., *Anesthesia* '71
Clinical Associate in Anesthesia
Lynn Hospital
212 Boston Street
Lynn, Mass. 01904

*Isler, Robert J.
1st Year Resident in Radiology
M.G.H.

*Isselbacher, Kurt J., *Medicine* '53
Physician
M.G.H.

*Ito, Yasuo
Research Fellow in Surgery
M.G.H.

Jackson, Stephen H., *Anesthesia* '67
Stanford Medical Center
Stanford, Calif. 94305

*Jacobs, Edward E., Jr., *Surgery* '68
Clinical Fellow in Surgery
M.G.H.

*Jacobson, Alan M.
Assistant in Psychiatry
B.H.H.C.

*Jacobson, Bernard M.
Senior Consulting Staff
M.G.H.

*Jacobson, Gary
Associate Psychiatrist
L.M.H.C.

*Jacoby, George A., Jr., *Medicine* '64
Associate Physician
M.G.H.

*Jacoby, Lee B.
Assistant Geneticist on Children's Service
M.G.H.

*Jaffer, Farooq
Assistant Radiologist
M.G.H.

James, A. Everett, Jr., *Radiology* '67
Chairman, Department ofzRadiology
Vanderbilt University School of Medicine
Nashville, Tenn. 37232

James, G. Watson III, *Medicine* '44
Medical College of Virginia
Richmond, Va. 23219

*James, Lewis P., Jr., *Pathology* '63
Clinical Assistant, Pathology
Memorial Hospital
Worcester, Mass. 01605

*Jampel, Robert M.
Clinical Associate in Psychology (Psychiatry)
M.G.H.

Jang, Guen C., *Radiology* '70
Loma Linda University
School of Medicne
Loma Linda, Calif. 92354

Janower, Murray L., *Radiology* '63
Clinical Associate n Radiology
Chief of Radiology
St. Vincent Hospital
Worcester, Mass. 01600

Jarx, Robert H., *Radiology* '74
Franklin County Public Hospital
Greenfield, Mass. 01301
ne Jarratt, Michael T., *Dermatology* '72
1200 Moursund
Houston, Texas 77025

Jarrett, Fredric, *Surgery* '75
Department of Surgery 4-N
University of Wisconsin Hospitals
1300 University Avenue
Madison, Wis. 53706

Jarrett, Michael T., *Dermatology* '72
1506 Phillips Road
Big Spring, Texas 79720

*Jasinska, Miroslawa T.
Assistant Anesthetist
M.G.H.

*Javaheri, Shahrokh
Clinical and Research Fellow in Medicine
M.G.H.

Javid, Manucher, *Neurosurgery* '52
University Hospital
Madison, Wis. 53706

*Jayasankar, Subramanyan, *Orthopaedics* '71
Clinical Associate in Orth. Surgery
Zero Emerson Place
Boston, Mass. 02114

*Jean-Baptiste, Michel
2nd Year Resident in Surgery
M.G.H.

*Jeanloz, Roger W.
Biochemist, Medicine
M.G.H.

Jenkins, Charles K., *Radiology* '68
1415 Third Street
Corpus Christi, Texas 78404

Jenkins, Marion T., *Anesthesia* '48
University of Texas Southwestern
Medical School
Dallas, Texas 75235

*Jennings, Michael R.
3rd Year Resident in Medicine
M.G.H.

*Jergesen, Harry E., *Surgery* '74
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Jeroy, Harry K., *Anesthesia* '73
4327 Thoroughgood Drive
Virginia Beach, Va. 23455

Jobe, Merrill C., *Children's* '24
2100 S. St. Paul St., Denver, Colo. 80210

Johnson, Dale G., *Surgery* '61
Primary Children's Hospital
320 Twelfth Ave.
Salt lake City, Utah 84103

Johnson, Eric H., *Surgery* '67
3 Hawthorne Place
Boyon, Mass. 02114

Johnson, F. George, *Dentistry* '43
94 Goodman Hill Rd.
Sudbury, Mass. 01776

*Johnson, G. Timothy
Clinical Associate in Medicine
M.G.H.

*Johnson, Houston, Jr.
1st Year Resident (Intern) in Surgery
M.G.H.

Johnson, Louis G., *Pathology* '40
Medicine '42
Royal Victoria Hospital
Montreal, Canada

Johnson, Norman P., *Medicine* '25
1701 South Irving Ave.
Minneapolis, Minn. 55403

*Johnson, Neil R., *Psychiatry* '75
Clinical Associate in Psychiatry
M.G.H.

Johnson, Paul R., *Pathology* '35
85 Jefferson St., Hartford, Conn. 06103

*Johnson, Richard A.
Assistant in Dermatology
M.G.H.

Johnson, Richard T., *Neurology* '60
The Johns Hopkins Hospital
Baltimore, Md. 21205

*Johnson, Robert A.
Assistant in Medicine
M.G.H.

*Johnson, Sylvia C.
2nd Year Resident in Dermatology
M.G.H.

Johnson, Verner S., *Orthopaedics* '55
33 Oak Ave., Worcester, Mass. 01609

*Johnson-Muller, Barbara P.
Research Fellow in Medicine
M.G.H.

Johnston, Edward V., *Surgery* '47
312 West 8th Ave.
Spokane, Wash. 99204

Johnston, Hilary, *Anesthesia* '73
The Royal Victoria Hospital
Belfast, B 126BA
Northern Ireland

Jones, Basil B., *Medicine* '18, *Children's* '19
3103 Sunset Ave., Richmond, Va. 23221

*Jones, Frederick L.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

Jones, Gordon E., *Surgery* '42
108 West 22nd St.
Olympia, Wash. 98502

*Jones, H. Walter, Jr.
Assistant Physician
Medical Department
M.I.T.

*Jones, Joseph C.
Clinical Fellow in Radiology
M.G.H.

Jones, Robert H., *Mekcine* '59
University of Rochester School of
Medicine and Dentistry
Rochester, N.Y. 14620

Jones, Thomas B., *Surgery* '24
207 John Pinckney Lane
Williamsburg, Va. 23185

*Jones, Thomas H., *Surgery* '75
1st Year Resident in Neurosurgery
M.G.H.

Jones, Wallace A., *Pathology* '59
Hunt Memorial Hospital
Lindall St., Danvers, Mass. 01923

*Jones, Wm. Norman, *Orthopaedics* '47
Associate Orthopaedic Surgeon
M.G.H.

Joplin, Robert J., *Pathology* '29
Orthopaedics '33
Highland Orthopedic Cfter
Cochranville, Pa. 19330

Jordan, William R., *Medicine* '30
1631 Monument Ave.
Richmond, Va., 23220

Joseph, Alfred T., *Dentistry* '41
16 Clarke Street
Lexington, Mass. 02173

*Joseph, Brian S.
Assistant in Psychiatry
L.M.H.C.

*Joseph, John B., *Children's* '62
Assistant Pediatrician
5 Brook Street
Scituate, Mass. 02066

Josse, John W., *Medicine* '58
974 Elsinore Avenue
Palo Alto, Calif. 94303

Jovenich, James J., *Anesthesia* '71
M.E.E.I.

Judd, Alvan B., *Surgery* '55
812 Broad St.
Shrewsbury, N.J. 07701

Judd, James M., *Surgery* 45
Neurosurgery '46
Picturesque Parkway
Schenectady, N.Y. 12303

*Jung, Walter K.
4th Year Resident in Pathology
M.G.H.

*Jungalwala, Fioze B.
Assistant in Biochemistry (Neurology)
Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Jupiter, Jessie B.
2nd Year Resident in Surgery
M.G.H.

*Justice, Norma S.
Assistant in Computer Science (Medicine)
M.G.H.

*Kaban, Leonard B., *Oral Surgery* '72, *Surgery* '74
Clinical Associate in Oral Surgery
P.B.B.H.

Kacki, Janusz F., *Anesthesia* '66
U1, Grojecka 65a M. 34
Warsaw, 22, Poland

*Kadir, Saadon
2nd Year Resident in Radiology
M.G.H.

Kadish, Sidney P., *Radiology* '71
Radiation Medicine '71
Director, Department of Radiation Oncology
St. Vincent Hospital
Worcester, Mass. 01610

*Kagan, Jerome
Consultant in Psychology, Children's
210 Clifton Street
Belmont, Mass. 02178

Kahan, Barry D., *Surgery* '72
Northwestern University
303 E. Chicago Ave.
Chicago, Ill. 60611

Kahan, Eileen Blumenthal, *Children's* '71
8 Redcoat Lane
Lexington, Mass. 02173

*Kahan, Ronald S.
2nd Year Resident in Dermatology
M.G.H.

Kahn, David S., *Pathology* '50
St. Mary's Hospital
Montreal, Canada

*Kahn, Robert E.
Clinical Assistant in Medicine
475 Franklin Street
Framingham, Mass. 01701

Kaiser, John S., *Pathology* '69
39 Harthorn Avenue
Bangor, Maine 04401

*Kalckar, Herman M.
Visiting Biochemist (Medicine)
M.G.H.

*Kalish, Martin I.
Clinical Fellow in Medicine
M.G.H.

*Kalisher, Lester
Assistant Radiologist
M.G.H.

*Kamely, Daphne
Research Fellow in Pediatrics
M.G.H.

*Kameny, Stuart M.
Clinical Assistant, Psychiatry
390 Commonwealth Avenue
Boston, Mass. 02215

*Kanarek, David J.
Assistant in Medicine
M.G.H.

*Kane, Lewis W., *Medicine* '41
Assistant in Medicine
M.G.H.

Kane, Robert A., *Radiology* '75
N.E.D.H.

Kantrowitz, Paul A., *Medicine* '64
Mt. Auburn Hospital
330 Mt. Auburn St.
Cambridge, Mass. 02138

Kanverezi, Bwogi Richard, *Medicine* '70
Makerere Univ. College Medical School
Kampala, Uganda

Kao, Ming C., *Neurosurgery* '74
National Taiwan University Hospital
1, Chang-Te Street
Taipei, Taiwan,
Republic of China

Kapellakis, George Z., *Surgery* '73
Aretaeion Hospital
Vas, Sophias
Athens, Greece

*Kaplan, Joan C.
Assistant Biochemist (Medicine)
M.G.H.

Karassik, Steven L., *Dermatology* '73
Long Beach V.A. Hospital
Long Beach, Calif. 90801

*Karchmer, Adolf W., *Medicine* '70
Assistant Physician
M.G.H.

Karian, Edward, *Dermatology* '55
358 Commonwealth Avenue
Boston, Mass. 02115

Karnes, William E., *Neurology* '58
Mayo Clinic
Rochester, Minn. 55901

Katz, Allan M., *Anesthesia* '71
1300 University
University of Wisconsin Hospitals
Madison, Wisconsin

Katz, Arnold M., *Medicine* '60
Mt. Sinai Hospital
100 St. & Fifth Ave.
New York, N.Y. 10029

*Katz, Nevin M.
5th Year Resident in Surgery
M.G.H.

Katz, Samuel L., *Children's* '55
Department of Pediatrics
Duke University School of Medicine
Durham, N.C. 27710

Kaufman, Herbert E., *Medicine* '57
J. Hillis Miller Health Center
University of Florida
Gainesville, Fla. 32603

*Kaufman, Sheldon D.
Assistant Physician
5 Emerson Place
Boston, Mass. 02114

Kaufman, Gustav G., *Medicine* '41
15 Dix Street, Winchester, Mass. 02152

Kazanjian, Kenneth A., *Dermatology* '33
475 Commonwealth Ave.
Boston, Mass. 02215

*Kazemi, Homayoun, *Medicine* '63
Physician
M.G.H.

Kejsley, Richard B., *Children's* '56
Stoneybrook Lane
Norwell, Mass. 02061

Keating, Philip J., *Anesthesia* '67
90 Park Drive
Springfield, Mass. 01106

Keats, Arthur S., *Anesthesia* '51
Cardiovascular Anesthesia
Texas Heart Institute
Texas Medical Center
Houston, Texas 77025

Keeley, James K., *Neurosurgery* '37
Surgery '38
103 S. Hamilton St.
Poughkeepsie, N.Y. 12601

*Keenan, M. Edward, *Children's* '64
Pediatrician
Zero Emerson Place
Boston, Mass. 02114

Keenan, Thomas J., *Anesthesia* '59
M.E.E.I.

*Keevil, Charles S., Jr., *Medicine* '58
Clinical Associate in Medicine
Concord Rd., Lincoln, Mass. 01773

*Keh, Pacita C.T.
Clinical and Research Fellow in Pathology
M.G.H.

*Keim, Daniel E.
Assistant Pediatrician
M.G.H.

*Keith, David A.
Clinical Fellow in Oral Surgery
M.G.H.

Keitt, Alan S., *Medicine* '63
Division of Hematology
University of Florida College of Medicine
Gainesville, Fla. 32601

Keller, Albert R., *Pathology* '68
521 Doyle Park Dr.
Santa Rosa, Calif. 95405

*Keller, John W.
Assistant Physician
One Hawthorne Place
Boston, Mass. 02114

*Keller, Martin B.
3rd Year Resident in Psychiatry
M.G.H.

Keller, Robert B., *Orthopaedics* '67
C.H.M.C.

*Kelley, Charles G., *Anesthesia* '73
Clinical Associate in Anesthesia
U.S. Public Health Service Hospital
Brighton, Mass. 02135

*Kelley, Rita M., *Medicine* '49
Physician
M.G.H.

*Kelley, Sylvester B., *Surgery* '31, *Urology* '32
Consulting Visiting Urologist
34 Exeter Street, W. Newton, Mass. 02165

Kelley, William N., *Medicine* '68
Department of Medicine
Duke University Medical Center
Durham, N.C. 27706

*Kelly, Dorothy H., *Children's* '75
Assistant in Pediatrics
M.G.H.

*Kelly, John P.W., *Oral Surgery* '72
3rd Year Resident in Oral Surgery
M.G.H.

Kempczinski, Richard F., *Surgery* '74
11013 East Vassar Drive
Denver, Colo. 80232

Kendrick, James I., *Orthopaedics* '33
2020 East 93rd Street
Cleveland, Ohio 44106

Kennard, Harrison E., *Surgery* '34
246 Dudley Road
Newton Centre, Mass. 02159

Kennedy, Byrl J., *Medicine* '52
University of Minnesota Hospitals
Minneapolis, Minn. 55414

Kennedy, John H., *Surgery* '55
Olin 518
Case Western Reserve University
University Circle
Cleveland, Ohio 44106

Kennedy, Robert P., *Surgery* '24
R.D. 1, Box 262
Richmond, Ind. 47374

*Kennedy, Sean K.
1st Year Resident in Anesthesia
M.G.H.

Kenner, Gerald, *Orthopaedics* '61
77 N. San Mateo Drive
San Mateo, Calif. 94401

*Kent, Peter D.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

Kenzora, John E., *Orthopaedic Surgery* '71
75 Thornberry Rd.
Winchester, Mass. 01890

*Kermanshahi, Mohsen
Clinical Fellow in Oral Surgery
M.G.H.

*Kermond, William L.
Assistant Orthopaedic Surgeon
10 Converse Place
Winchester, Mass. 01890

Kernan, Reginald D., *Pathology* '45
25 Ave. des Champs Elysees
Paris, 8a, France

*Kerr, Walter S., Jr., *Surgery* '47, *Urology* '49
Visiting Urologist
M.G.H.

Kerrigan, Gerald A., *Children's* '52
1081 E. Circle Drive
Milwaukee, Wis. 53217

Ketchum, William F., *Children's* '48
Children's Cancer Research Foundation
35 Binney Street, Boston, Mass. 02115

*Kety, Josephine G.
Assistant Pediatrician
W.E. Fernald State School
Waltham, Mass. 02154

*Kety, Seymour S.
Psychobiologist, Psychiatry
Chief of Psychiatric Research Laboratories
M.G.H.

*Keuper, Charles S., *Dermatology* '51
Assistant Dermatologist
John Cuming Building
Concord, Mass. 01742

*Keutmann, Henry T.
Assistant in Biochemistry (Medicine)
M.G.H.

Key, Robert E., *Orthopaedics* '58
800 5th Avenue
Fort Worth, Texas 76104

Keyes, Gale H., *Medicine* '47
Ogden Clinic
Ogden, Utah 84403

*Khaw, Ban-An
Research Fellow in Medicine
M.G.H.

*Kieffer, J. David
Research Fellow in Medicine
M.G.H.

Kiely, Brian, *Medicine* '52
New York University School of Medicine
550 1st Avenue, New York, N.Y. 10016

*Kien, Graig L.
Clinical and Research Fellow in Pediatrics
M.G.H.

*Kikuchi, Yuzo
Research Fellow in Radiation Medicine
M.G.H.

Kilfoyle, Richard M., *Orthopaedics* '51
457 Main Street
South Weymouth, Mass. 02190

Kim, Jin Woo, *Anesthesia* '71
M.E.E.I.

*Kim, Samuel H.
Assistant Surgeon
M.G.H.

*Kimball, Peter G., *Dental Medicine* '63
Associate Visiting Oral Surgeon
89 Beacon Street
Marblehead, Mass. 01945

Kimura, Kazuo K., *Children's* '56
1422 Carrington Lane
Vienna, Va. 22180

Kind, Henry A., *Children's* '35
300 East 3rd Avenue
Cheyenne, Wyo. 82002

King, Howard S., *Children's* '59
2000 Washington Street
Newton Lower Falls, Mass. 02162

*King, Mary Etta, *Children's* '75
Clinical and Research Fellow in Pediatrics
M.G.H.

King, W. Bradley, Jr., *Pathology* '56
Maryland General Hospital
Baltimore, Md. 21201

Kinney, Robert J., *Medicine* '43
926 Pueblo Solano N.W.
Albuquerque, N.M. 87107

Kinsey-Ruegg, Dera, *Medicine* '39
35 Miller Hill Road
Dover, Mass. 02030

*Kirklin, James K.
3rd Year Resident in Surgery
M.G.H.

*Kirkwood, Samuel B., *Surgery* '34
Board of Consultation
President, American University of Beirut
Beirut, Republic of Lebanon

*Kirshner, Howard S., *Medicine* '73
1st Year Resident in Neurology
M.G.H.

*Kishimoto, Yasuo
Associate Biochemist, Neurology
W. E. Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Kistler, J. Philip, *Neurology* '75
Clinical Assistant in Neurology
M.G.H.

*Kitajima, Masaki
Research Fellow in Surgery
S.B.I.

Kitts, Albert W., *Children's* '41
Media Clinic
Providence & Beatty Roads
Media, Pa. 19063

*Kitz, Richard J.
Chief of the Department of Anesthesia
M.G.H.

*Kjellberg, Raymond N., *Neurosurgery* '59
Visiting Neurosurgeon
M.G.H.

Klaeveman, Hayden L., *Medicine* '72
3500 Market Street, #302
San Francisco, Calif. 94131

Kleaveland, Richard N., *Surgery* '56
Medical Center Building
Spokane, Wash. 99204

Klein, David M., *Neurosurgery* '61
125 Hodge Avenue
Buffalo, N.Y. 14222

Klein, Edmund, *Dermatology* '59
Roswell Park Memorial Inst.
Buffalo, N.Y. 14203

*Klein, Jerome O.
Associate Pediatrician
B.C.H.

Klein, Michael D., *Medicine* '66
54 Sedgewick Rd.
West Hartford, Conn. 06170

*Kleinman, Arthur M.
Department of Psychiatry
University of Washington School of Medicine
Seattle, WA 98105

*Kleinman, George M.
2nd Year Resident in Pathology
M.G.H.

Kleinman, Leonard I., *Children's* '62
University of Cincinnati College of Medicine
Cincinnati, Ohio 45219

*Kleinman, Stephen C.
2nd Year Resident in Psychiatry
M.G.H.

Klempner, Mark S.J., *Medicine* '75
National Institutes of Health
Bethesda, Md. 20014

Klenk, Eugene L., *Children's* '63
The Mary Imogene Bassett Hospital
Cooperstown, N.Y. 13326

*Klerman, Gerald L.
Psychiatrist
Superintendent of L.M.H.C.

*Kliman, Allan
Clinical Associate in Medicine
Massachusetts Rehabilitation Hospital
125 Nashua Street, Boston, Mass. 02114

*Kliman, Bernard
Associate Physician
M.G.H.

*Kline, Robert M., *Children's* '63
Clinical Associate in Pediatrics
Barker Avenue
Gloucester, Mass. 01930

Klingensmith, Walter E., *Surgery* '61
Beckley Memorial Hospital
Beckley, W. Va. 25801

Knapp, Peter H., *Psychiatry* '47
80 East Concord St.
Boston, Mass. 02118

Knapp, Robert G., Jr., *Dentistry* '50
1402 Genesee St., Utica, N.Y. 13502

Kneisel, John J., *Medicine* '40
314 Beacon Street
Boston, Mass. 02116

*Knowles, John H., *Medicine* '58
Board of Consultation
28 Fernwood Rd.
Chestnut Hill, Mass. 02167

*Kobayashi, Koichi
Clinical and Research Fellow in Surgery
M.G.H.

Kobayashi, Ronald M., *Neurology* '72
5598 Coral Reed Avenue
La Jolla, Calif. 92037

Koch-Weser, Jan, *Medicine* '59
Centre de Recherche Merrell International
16 rue d'Ankara
67000 Strasbourg
France

Kolins, Jerry, *Pathology* '74
4909 Elsmere Avenue
Bethesda, Md. 20014

*Kolodny, Edwin H.
Associate Neurologist
M.G.H.

*Kolodny, Gerald M., *Radiology* '66
Associate Radiologist
M.G.H.

*Kolodny, Nancy H.
Research Fellow in Radiology
M.G.H.

*Konstam, Marvin A.
1st Year Resident in Radiology
M.G.H.

Koopman, William J. III, *Medicine* '74
5816 Greenlawn Drive
Bethesda, Md. 20014

*Kopans, Daniel B.
2nd Year Resident in Radiology
M.G.H.

Koppel, Elizabeth A., *Anesthesia* '54
437 Cedar Street, N.W.
Washington, D.C. 20012

Kopriva, Charles J., *Anesthesia* '69
University of Colorado Medical Center
4200 East 9th Avenue
Denver, Colorado 80220

Korn, David, *Pathology* '60
Stanford University School of Medicine
Palo Alto, Calif. 94304

*Kornblith, Paul L., *Surgery* '66
Neurosurgery '71
Assisting Visiting Neurosurgeon
M.G.H.

Kosek, Margaret Single, *Children's* '58
300 Homer Street
Palo Alto, Calif. 09301

*Kosinski, Katherine S.
2nd Year Resident in Pathology
M.G.H.

*Kotake, Yahiro
Research Fellow in Surgery
M.G.H.

Kotner, Lawrence M., Jr., *Radiology* '72
Jewish Hospital
Department of Radiology
St. Louis, Missouri 63178

*Koumans, Alfred J.R.
Associate Psychiatrist
Psychiatric Service
M.I.T.

*Kouretas, Nicholas D., *Psychiatry* '75
Clinical Assistant in Psychiatry
M.G.H.

*Kourides, Ione A.
Clinical Assistant in Medicine
M.G.H.

Kozol, Harry L., *Medicine* '36
330 Beacon Street, Boston, Mass. 02116

*Krane, Stephen M., *Medicine* '57
Physician
M.G.H.

*Kranes, Alfred, *Medicine* '35
Senior Consulting Staff
M.G.H.

Kraut, Herbert L., *Dermatology* '57
47 Oak Street, Stamford, Conn. 06905

*Krauthammer, Charles
Clinical and Research Fellow
(Acting 1st Year Resident) in Psychiatry
M.G.H.

Kravitz, Arthur R., *Medicine* '55
B.I.H.

Kreisle, James E., *Medicine* '47
P.O. Box 4975
Austin, Tex. 78765

Krickstein, Herbert I., *Pathology* '63
564 Glen Arbor Lane
Grosse Pointe, Mich. 48236

Krikorian, John G., *Medicine* '74
28835 Black Mountain Road
Los Altos Hills, Calif. 94922

*Krishnamoorthy, Kalpathy S., *Neurology* '74
Assistant in Pediatrics
Assistant in Neurology
M.G.H.

Krisjansson, Haukur, *Orthopaedics* '46
City Hospital
Reykjavik, Iceland

*Krogstad, Donald J.
3rd Year Resident in Medicine
M.G.H.

*Kronenberg, Gretchen B., *Children's* '72
Clinical Associate in Pediatrics
M.G.H.

*Kronenberg, Henry M., *Medicine* '72
Clinical Fellow in Medicine
M.G.H.

*Krop, Thomas M.
2nd Year Resident in Dermatology
M.G.H.

*Krudy, Adrian G.
Chief Resident in Radiology
M.G.H.

*Krug, Ernest F. III
2nd Year Resident on the
Children's Service

*Kubik, Charles S.
Senior Consulting Staff
Lincoln Road, Box 203
Lincoln, Mass. 01773

*Kubilus, Joseph
Research Fellow in Dermatology
M.G.H.

*Kucharski, Anastasia
2nd Year Resident in Psychiatry
M.G.H.

*Kuehnle, Kristen J.
Clinical Fellow in Psychology
(Psychiatry)
M.G.H.

*Kugimiya, Toyoki
2nd Year Resident in Anesthesia
M.G.H.

Kuhlmann, Raymond F., *Orthopaedics* '48
80 Colchester Ave.
Burlington, Vt. 05401

Kuhn, William G., Jr., *Orthopaedics* '49
251 Powers St.
New Brunswick, N.J. 08902

Kulka, J. Peter, *Pathology* '47
120 Packard Avenue
Medford, Mass. 02155

*Kumar, Ajit
Associate Biochemist (Surgery)
S.B.I.

Kumar, Anil, *Anesthesia* '70
Waltham Hospital
Waltham, Mass. 02154

*Kumar, Joan R.
2nd Year Resident in Pathology
M.G.H.

Kumpe, David A., *Radiology* '71
Radiology Department
University of Maryland
College Park, Md. 20742

*Kunz, Lawrence J.
Bacteriologist
M.G.H.

*Kushner, David C.
1st Year Resident in Radiology
M.G.H.

*Labarca, Pedro
Research Fellow in Medicine
M.G.H.

*LaBella, Louis C.
Podiatrist in Orthopaedic Surgery
M.G.H.

*Lable, Ira, *Psychiatry* '72
Assistant in Psychiatry
5 Emerson Pl., Boston, Mass. 02114

*Ladenson, Paul W.
2nd Year Resident in Medicine
M.G.H.

*Lahey, Philip J.
1st Year Resident in Orthopaedic Surgery
M.G.H.

Lake, Michael, *Medicine* '24
11 East 68th Street
New York, N.Y. 10021

Lambert, John T., *Medicine* '42
10 Northern Avenue
Bronxville, N.Y. 10708

*Lamkins, Burham E., *Dermatology* '63
Assistant in Dermatology
Parkhurst Medical Building
Beverly, Mass. 01915

*Land, Richard E.
Clinical Associate in Radiology
Director of Radiology
St. Joseph's Hospital
Providence, R.I. 02904

*Landis, Dennis M.
1st Year Resident in Neurology
M.G.H.

*Lane, Philip E.
1st Year Resident in Anesthesia
M.G.H.

Lane-Brown, Malcolm M., *Dermatology* '73
Travelodge Medical Centre
9 Missenden Road, Camperdown
N.S.W. Australia 2050

Lang, David J., *Children's* '61
Duke University
Durham, N.C. 27706

Langer, Glenn A., *Medicine* '60
UCLA Medical Center
Los Angeles, Calif. 90024

Langston, Charles S., *Radiology* '72
Mt. Auburn Hospital
Cambridge, Mass. 02138

*Lanza, Richard C.
Research Fellow in Radiology
M.G.H.

*Lapey, Allen
Assistant Pediatrician
M.G.H.

*LaPierre, Yves
Research Fellow in Neurology
M.G.H.

*Lappas, Demetrios G.
Assistant Anesthetist
M.G.H.

Laron, Zvi, *Children's* '55
Beilinson Hospital
Petah Tiqva, Israel

*Larson, Carroll B., *Orthopaedics* '38
Board of Consultation
University of Iowa College of Medicine
Iowa City, Iowa 52214

Larson, Ronald R., *Anesthesia* '67
14159 Edgewood Drive
Livonia, Mich. 48154

Lassiter, William E., *Medicine* '56
University of North Carolina
School of Medicine
Chapel Hill, N.C. 27514

*Latta, William B.
Assistant Anesthetist
M.G.H.

Lau, Yuk-Kai, *Medicine* '74
Hospital of University of Pennsylvania
Renal Electrolytes Unit
Philadelphia, Penn. 19139

*Lavelle, William G.
Clinical Fellow in Surgery
M.G.H.

*Laver, Myron B.
Anesthetist
M.G.H.

*LaVigne, Gregory L.
1st Year Resident in Psychiatry
M.G.H.

Lavorgna, John J., *Orthopaedic Surgery* '73
3838 California Street
San Francisco, Calif. 94118

*Lavyne, Michael H.
2nd Year Resident in Neurosurgery
M.G.H.

Lawrence, G. Hugh, *Surgery* '52
Good Samaritan Hospital
2222 Lovejoy
Portland, Oregon 97210

Lawrence, John S., *Medicine* '25
University of California Medical Center
Los Angeles, Calif. 90024

*Lawrence, Michael
Clinical Assistant in Medicine
M.G.H.

Lawrence, Robert S., *Medicine* '70
Clinical Associate in Medicine
Cambridge Hospital
1493 Cambridge Street
Cambridge, Mass. 02139

*Lawry, George V. II
2nd Year Resident in Medicine
M.G.H.

*Lawson, Dexter W., *Surgery* '69
Clinical Associate in Surgery
M.G.H.

Layzer, Robert B., *Medicine* '59
24 Heather Way
Mill Valley, Calif. 94941

*Lazar, Gerald K., *Psychiatry* '72
Clinical Assistant in Psychiatry
M.G.H.

*Lazare, Aaron
Psychiatrist
M.G.H.

Leach, Charles A., Jr., *Children's* '51
525 Southfield Road
Birmingham, Mich. 48009

Leadbetter, Guy W., Jr., *Urology* '59
Vermont Medical Center
Burlington, Vt. 05401

*Leaf, Alexander, *Medicine* '44
Chief of Medical Services
M.G.H.

Leake, Donald L., *Oral Surgery* '64
Harbor General Hospital
1000 W. Carson St.
Torrance, Calif. 90509

Leake, Rosemary D., *Children's*
Harbor General Hospital
1000 W. Carson St.
Torrance, Calif. 90509

Leape, Lucian L., Jr., *Surgery* '65
N.E.M.C.H.

Learmonth, Susanne J.
Children's '53
Anesthesia '59
Division of Anesthesia
V.A. Hospital, White River Junction, Vt. 05001

*Leber, Martin E.
Clinical Associate on the Children's Service
588 Walnut Street
Newtonville, Mass. 02160

*Lebowitz, Philip W.
2nd Year Resident in Anesthesia
M.G.H.

Ledbetter, Betsy A., *Anesthesia* '55
712 Monrovia Street
Shreveport, La. 71106

Lederman, Richard J., *Neurology* '73
Cleveland Clinic
Cleveland, Ohio 44106

LeDonne, John E., *Dermatology* '52
11 Electric Avenue
Fitchburg, Mass. 01420

Lee, Ching-Muh, *Anesthesia* '72
30031 Matisse Drive
Rancho Palos Verdes, Calif. 90274

*Lee, Loretta D.
Assistant in Biochemistry (Dermatology)
M.G.H.

*Lee, Yhu-Hsiung
Assistant Pediatrician
B.C.H.

*Leeds, Harold C.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

Leeman, Cavin P., *Medicine* '60
25 Evergreen Street
Framingham, Mass. 01701

Leeper, Roy W., *Dermatology* '50
Kaiser Foundation Hospital
Oakland, Calif. 94611

*Lees, Robert S., *Surgery* '60, *Medicine* '62
Assistant in Medicine
Clinical Research Center, M.I.T.

*Leet, Robert K.
Clinical Associate in Medicine
B.H.H.C.

*Leffert, Robert D.
Visiting Orthopaedic Surgeon
M.G.H.

Lefkowitz, Robert J., *Medicine* '71
Duke Univ. School of Medicine
Durham, N.C. 27710

Legge, Robert F., *Orthopaedics* '35
3320 Los Coyotes Diagonal
Suite 103, Long Beach, Calif. 90908

Lehman, Ralph A.W., *Surgery* '64
673 St. Paul
Denver, Colorado 80206

*Lehrich, James R., *Medicine* '64, *Neurology* '69
Assistant Neurologist
M.G.H.

*Leibel, Rudolph L., *Children's* '69
Associate Pediatrician
Cambridge Hospital
1493 Cambridge Street
Cambridge, Mass. 02139

Leiderman, P. Herbert, *Psychiatry* '57
Stanford University School of Medicine
Palo Alto, Calif. 94304

Leidholt, John D., *Orthopaedics* '52
2045 Franklin Street
Denver, Colo. 80205

Leigh, A. Denis, *Psychiatry* '48
The Maudsley Hospital
Denmark Hill
London, S.E. 5, England

Leighton, Joseph, *Pathology* '49
The Medical College of Pennsylvania
3300 Henry Avenue
Philadelphia, Pa. 19129

*Leinbach, Robert C.
Assistant Physician
M.G.H.

Leister, Claude M., *Children's* '34
1731 W. Broad Street
Bethlehem, Pa. 18018

*Leland, Katherine A.
Clinical Associate in Pediatrics
66 Lewis Bay Road
Hyannis, Mass. 02601

Lell, William A., *Anesthesia* '72
2920 Fairway Drive
Mountain Brook, Ala. 35223

*LeMay, Marjorie J.
Radiologist
M.G.H.

Leonard, Lawrence M., *Orthopaedics* '61
7 Bramhall Street
Portland, Maine 04102

*Lerman, Jacob
Senior Consulting Staff
Zero Emerson Place
Boston, Mass. 02114

Leslie, Bruce R., *Medicine* '74
National Heart and Lung Institute
National Institutes of Health
Bethesda, Maryland 20014

*Lessing, Mark E.
Podiatrist in Orthopaedic Surgery
M.G.H.

Letsou, Vasilios G., *Dermatology* '56
170 Merrimack Street
Lowell, Mass. 01852

Levene, Martin B., *Radiology* '54
Joint Center for Radiation Therapy
50 Binney St., Boston, Mass. 02115

*Lever, Walter F., *Dermatology* '38
Board of Consultation
185 Harrison Avenue
Boston, Mass. 02111

Levey, Gerald S., *Medicine* '66
5226 S.W. 64th Ave.
Miami, Florida 33155

Levin, Victor A., *Neurology* '71
UCFS Medical Center
Third and Parnassus
San Francisco, Calif. 92144

*Levine, Barry W.
Assistant in Medicine
M.G.H.

*Levine, David N., *Neurology* '74
Clinical and Research Fellow in Neurology
M.G.H.

*Levine, Frederick H.
Chief Resident in Surgery
M.G.H.

Levine, Herbert J., *Medicine* '58
171 Harrison Avenue
Boston, Mass. 02111

*Levine, Herbert O.
Assistant Psychiatrist
379 Central Street
Auburndale, Mass. 02166

*Levine, Joel B., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

*Levine, Melvyn B., *Children's* '70
Assistant in Pediatrics
116 Forest Street
Medford, Mass. 02155

*Levine, Robert A.
3rd Year Resident in Neurology
M.G.H.

*Levinson, Stanley S.
Research Fellow in Medicine
M.G.H.

Levis, William R., *Dermatology* '70
National Institutes of Health
Bethesda, Maryland 20014

*Levisohn, Steven R.
Assistant in Medicine
M.G.H.

*Levy, Bernard S.
Associate Psychiatrist
227 Babcock Street
Brookline, Mass. 02146

*Levy, Harvey L.
Assistant in Neurology
M.G.H.

*Levy, Lucien M.
Research Fellow in Surgery
M.G.H.

Levy, Ronald, *Medicine* '70
Immunology Lab., N.C.I.
National Institutes of Health
Bethesda, Md. 20014

Levy, S. William, *Dermatology* '51
450 Sutter Street
San Francisco, Calif. 94108

Lew, Michael A., *Medicine* '74
Beth Israel Hospital
330 Brookline Avenue
Boston, Mass. 02146

*Lew, Robert A.
Assistant in Biostatistics (Dermatology)
M.G.H.

Lewis, Allen S., *Orthopaedics* '68
1820 South Tuttle Avenue
Sarasota, Fla. 33580

Lewis, Emory O., *Radiology* '45
St. Luke's Hospital
New Bedford, Mass. 02740

Lewis, James, *Medicine* '35, *Children's* '36
98 Williams Street
Longmeadow, Mass. 01106

Lewis, Joseph L., *Children's* '37
25 Grant Street
Waltham, Mass. 02154

*Lewis, Michael B., *Surgery* '71
Assistant Surgeon
S.B.I.

Lewis, Richard B.
3rd Year Resident in Surgery
M.G.H.

*Liberthson, Richard
Assistant in Pediatrics
Assistant in Medicine
M.G.H.

Licciardello, Anthony T., *Medicine* '49
2875 Main Street
Stratford, Conn. 06497

*Lichtenstein, Norman S.
Assistant Physician
M.G.H.

Lichtenwalner, Craig, S., *Medicine* '51
American University of Beirut
Beirut, Lebanon

Lieber, Michael M., *Surgery* '72
c/o Bernard Ljeher
520 N. Montaque
Arlington, Va. 22203

*Liland, Astrid E., *Anesthesia* '74
Clinical Fellow in Anesthesia
M.G.H.

Limkakeng, Alexander D., *Urology* '72
Hillcrest Medical Center
Grove City, Penna. 16127

Lincoln, James R., *Orthopaedics* '18
709 Main Street, Wareham, Mass. 02571

*Lincoln, Robert C., *Dentistry* '53
Associate Visiting Oral Surgeon
M.G.H.

*Linder, Scott Van, *Surgery* '73
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Linenthal, Arthur J., *Medicine* '44
1200 Centre Street
Roslindale, Mass. 02131

*Ling, Ching C.
Assistant Radiation Biophysicist
in Radiation Medicine
M.G.H.

*Lingeman, Avis J.
Assistant Pathologist
M.G.H.

*Linggood, Rita M.
Clinical Fellow in Radiation Medicine
M.G.H.

Lingley, James R., *Radiology* '31
27 Elm Street, Worcester, Mass. 01608

*Link, David A.
Chief Resident on the Children's Service
M.G.H.

*Link, Jennifer L.
2nd Year Resident in Medicine
M.G.H.

*Linos, Demetrios
Clinical and Research Fellow in Surgery
M.G.H.

*Linsenmayer, Thomas F.
Assistant in Biology (Medicine)
M.G.H.

*Linton, Robert R., *Surgery* '30
Senior Consulting Staff
1180 Beacon Street
Brookline, Mass. 02146

*Lipinski, Joseph F., *Psychiatry* '70
Assistant in Psychiatry
M.G.H.

Lipman, Marvin M., *Medicine* '59
Scarsdale Medical Center
Scarsdale, N.Y. 10585

Lipowski, Zbigniew J., *Psychiatry* '59
Dartmouth Medical School
Hanover, N.H. 03755

*Lippiello, Louis
Assistant in Biochemistry
(Orthopaedic Surgery)
M.G.H.

*Lipson, Lewis C.
2nd Year Resident in Medicine
M.G.H.

*Lipson, Loren G.
Clinical and Research Fellow in Medicine
M.G.H.

*Lipson, Manuel J.
Clinical Associate in Medicine
Massachusetts Rehabilitation Hospital
125 Nashua Street, Boston, Mass. 02114

*Lipson, Stephen J., *Surgery* '74
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Liss, Robert A., *Medicine* '69
Heart Disease Control Program
1600 Clifton Street, Atlanta, Ga. 30333

*Liteplo, Merrill G.
Clinical Associate in Dermatology
Lahey Clinic
605 Commonwealth Avenue
Boston, Mass. 02215

*Little, John B., *Radiology* '61
Consultant in Radiology
H.S.P.H.

Littlefield, John W., *Medicine* '50
John Hopkins Hospital
601 N. Broadway
Baltimore, Md. 21205

*Littlehale, Robert F., *Anesthesia* '74
Clinical Associate in Anesthesia
Mt. Auburn Hospital
Cambridge, Mass. 02138

*Littman, David
Board of Consultation
V.A.H. (W.R.)

Littman, Philip *Radiation Medicine* '74
University of Pennsylvania Hospital
Philadelphia, Penn. 19104

Litwin, S. Bertrand, *Surgery* '66
Children's Hospital
Milwaukee, Wisconsin 52201

*Liu, Letty M.
Clinical Fellow in Anesthesia
M.G.H.

*Liu, Philip
Clinical Fellow in Anesthesia
M.G.H.

Livesay, Richard W., *Radiology* '70
1688 East Main Street
El Cajon, Calif. 92021

*Llewellyn, Henry J.
Associate Radiologist
M.G.H.

Lloyd, John B., *Surgery* '46
L.S.H.

*Lo, Hing-Har
2nd Year Resident in Radiology
M.G.H.

Locksley, Herbert B., *Surgery* '50
Neurosurgery '56
University Hospitals
Iowa City, Iowa 52241

Loeb, John N., *Medicine* '62
Presbyterian Hospital
New York, N.Y. 10032

Loeb, Robert F., *Medicine* '20
950 Park Ave.
New York, N.Y. 10028

Loftus, James G., *Anesthesia* '70
Muymount
Ballina, Co. Mayo
Ireland

Logue, Patrick J., *Orthopaedics* '67
1201 S. Highland Ave.
Clearwater, Fla. 33515

Lombroso, Cesare T., *Neurology* '55
C.H.M.C.

*Long, John A.
2nd Year Resident in Radiology
M.G.H.

Long, John C., *Pathology* '73
Department of Hematopathology
Armed Forces Institute of Pathology
Washington, D.C. 20306

*Long, Michael C., *Anesthesia* '75
Assistant in Anesthesia
M.G.H.

Lookingbill, Donald P., *Dermatology* '75
Milton Hershey Medical Center
Hershey, Penn. 17033

*Loomis, James C., *Anesthesia* '75
U.S. Public Health Service
77 Warren Street
Brighton, Mass. 02135

Lopano, Angelo, J., *Orthopaedic Surgery* '73
279 Third Avenue
Long Branch, N.J. 07740

*Lorch, Stephen
Assistant in Mathematics, Psychiatry
R.I. Health Services Research
56 Pine Street
Providence, R.I. 02903

*Lorefice, Laurence S.
1st Year Resident in Psychiatry
M.G.H.

*Lorenz, Maria
Associate Psychiatrist
M.G.H.

Los, Edward J., *Anesthesia* '61
St. Luke's Hospital
New York, N.Y. 10025

*Lott, Ira T., *Children's* '69
Assistant Neurologist
M.G.H.

Lotz, Myron, *Medicine* '60
301 Maple W #A-3
Vienna, Virginia 22180

Love, Harry M.P., *Orthopaedic Surgery* '73
Winchester Hospital
41 Highland Avenue
Winchester, Mass. 01890

Lowe, Charles U., *Children's* '48
Building 31
National Institute of Child Health
and Human Department
National Institutes of Health
Bethesda, Md. 20014

*Lowe, Robert
4th Year Resident in Surgery
M.G.H.

*Lowell, Francis C.
Physician
M.G.H.

*Lowell, J. Drennan, *Orthopaedics* '53
Board of Consultation
P.B.B.H.

Lowell, William H., Jr., *Medicine* '40
Collamer Circle, Shelburne, Vt. 05482

*Lowenstein, Edward, *Anesthesia* '62
Anesthetist
M.G.H.

Lowis, Samuel, *Neurosurgery* '40
475 Commonwealth Ave.
Boston, Mass. 02215

Lozada, Rommel G., *Anesthesia* '73
St. Peters Hospital
315 So. Manning Boulevard
Albany, N.Y. 12208

Luck, David J.L., *Medicine* '58
Rockefeller Institute for Medical Research
66th and York Ave.
New York, N.Y. 10021

Ludwig, Alfred O., *Medicine* '36
2 W. Cedar St., Boston, Mass. 02108

Luessenhop, Alfred J., *Neurosurgery* '57
Georgetown University Hospital
Washington, D.C. 20007

Luikart, Ralph H., *Surgery* '17
5406 Izard St., Omaha, Nebr. 68132

Luikart, Ralph H. II, *Medicine* '44
Dermatology '48
1532 Anacapa St.
Santa Barbara, Calif. 93101

*Lundy, Nancy A.
Clinical Fellow in Psychology (Psychiatry)
B.H.H.C.

Luongo, Michael A., *Pathology* '47
90 Allandale Rd.
Jamaica Plain, Mass. 02130

Lupien, Gordon F., *Orthopaedics* '63
110 Francis St.
Boston, Mass. 02215

Lurie, Arthur S., *Dermatology* '59
363 Lowell St., Peabody, Mass. 01960

*Lutzker, John R.
Assistant in Psychology (Neurology)
M.G.H.

Lynch, Phillip I., *Pathology* '73
Deerfield Academy
Deerfield, Mass. 01342

*Lytle, Bruce W., *Surgery* '75
Clinical Fellow in Surgery
"Brackenrigg"
Holburn Lane
Ryton-On-Tyne
County Durham N.E. 40 3DF
England

*Mabrey, Roy E.
Board of Consultation
264 Beacon Street
Boston, Mass. 02116

*MacAusland, William R., Jr.
Assistant Orthopaedic Surgeon
412 Beacon St., Boston, Mass. 02115

*MacDonald, Alexander, S., Jr.
Clinical Associate in Pediatrics
Herrick St., Beverly, Mass. 01915

*MacDonald, Martha J.
3rd Year Resident on the Children's Service
M.G.H.

MacDougal, Bruce A., *Surgery* '72
858 Berick Drive
University City, Mo. 63132

Mach, Bernard F., *Medicine* '60
Athenee Street 4, Geneva, Switzerland

Mack, John E., *Medicine* '56
74 Fenwood Rd.
Boston, Mass. 02115

*Mackay, Harry A.
Assistant Psychologist, Neurology
W. E. Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Mackay, Malcolm
Engineer in Radiology
M.G.H.

Mackie, Robert W., *Neurosurgery* '54
Mary Imogene Bassett Hospital
Cooperstown, N.Y. 13326

*Macknin, Michael L.
2nd Year Resident on the Children's Service
M.G.H.

*MacLaughlin, David T.
Research Fellow in Surgery
M.G.H.

Macmillan, Alexander S., Jr., *Radiology* '53
319 Longwood Ave., Boston, Mass. 02215

MacMillan, Hugh A., Jr., *Surgery* '47
1955 Pennsylvania Suite 407
Denver, Colo. 80203

Macomber, Donald, *Surgery* '11
Tide River Farm, Route 2
Brunswick, Maine 04011

Madden, Edwin J., *Orthopaedics* '60
166 Tollgate Road, Warwick, R.I. 02886

Madden, John W., *Surgery* '65
University of Arizona Medical College
Tucson, Ariz. 85721

*Maderson, Paul F.A.
Assistant Biologist in Pathology
Brooklyn College, Brooklyn, N.Y. 11210

Madey, Stephen L., *Children's* '44
5227 Government
Baton Rouge, Louisiana 70806

Maffeo, Alphonse A., *Anesthesia* '75
Department of Anesthesia
U.S. Naval Hospital
Beaufort, S.C. 29902

*Mahaffey, Jane E.
Clinical Assistant in Medicine
M.G.H.

Maier, John, *Medicine* '40
The Rockefeller Foundation
111 West 50th Street
New York, N.Y. 10020

Maier, Ward R., *Anesthesia* '73
Clinical Associate in Anesthesia
M.G.H.

Majerus, Philip W., *Medicine* '63
Washington University
Department of Medicine
St. Louis, Mo. 63110

Makel, Harry P., *Anesthesia* '49
2209 Webster Street
San Francisco, Calif. 94115

Maki, Dennis G., *Medicine* '72
University of Wisconsin Medical School
484 Medical Sciences Building
Madison, Wisconsin 53706

*Malamud, Daniel F.
Associate Biologist, Surgery
S.B.I.

*Malamud, Michael H.
Clinical Associate in Psychiatry
215 Summer Street
Haverhill, Mass. 01830

Malcolm, John A., *Surgery* '58
1180 Beacon Street
Brookline, Mass. 02146

Malkin, Richard B., *Surgery* '69
2631 Puritan Terrace
Sarasota, Fla. 33579

Mallette, Lawrence E., *Medicine* '72
Assistant Professor of Medicine
Baylor College of Medicine
Houston, Texas 77025

Malloy, Joseph K., *Surgery* '47
120 W. Ravine Road
Kingsport, Tenn. 37660

*Maloney, Randolph D.
Clinical Associate in Surgery
Parkhurst Medical Building, Beverly, Mass. 01915

*Maloof, Farahe, *Medicine* '52
Physician
M.G.H.

Malouf, Jamil, *Anesthesia* '73
117 Norwell Avenue
Norwell, Mass. 02060

*Malt, Ronald A., *Surgery* '62
Visiting Surgeon
M.G.H.

*Maltz, David L.
Clinical Associate in Pediatrics
152 King Street
Cohasset, Mass. 02025

Mamen, Anitra E., *Children's* '71
9 Glenn Medical Center
171 Harrison Ave.
Boston, Mass. 02111

*Manalan, Steven A.
1st Year Resident in Orthopaedic Surgery
M.G.H.

Mancall, Elliott L., *Pathology* '57
230 N. Broad Street
Philadelphia, Pa. 19102

Mancini, Eduardo, *Anesthesia* '72
M.E.E.I.

*Mandel, Michel R.
Assistant Psychiatrist
L.M.H.C.

*Mandula, Barbara B.
Research Fellow in Dermatology
M.G.H.

Mangoni, Alfonso, *Psychiatry* '60
Clinica Psichiatrica dell
Universita di Milano, Via-B sta, 1
Milano-Affori, Italy

*Mankin, Henry J.
Chief of Orthopaedic Surgery
M.G.H.

Manly, Isaac, V., *Surgery* '52
1300 St. Mary's Street, Raleigh N.C. 27605

*Mann, Robert W.
Consultant in Engineering Science,
Orthopaedic Surgery
M.I.T., Room 3449

*Mann, Walter
Associate Psychiatrist
Zero Emerson Place
Boston, Mass. 02114

Mannik, John A., *Surgery* '60
B.U.H.

Mannik, Mart, *Medicine* '61
University of Washington
Dept. of Medicine
Seattle, Washington 98195

*Manschreck, Theo C., *Psychiatry* '75
Clinical Assistant in Psychiatry
M.G.H.

Mansfield, Peter B., *Surgery* '70
P.O. Box 589
Vashon, Wash. 98070

Mansky, Peter A., *Psychiatry* '75
3409 Farmington Road
Lexington, Ky. 40507

Manson, James G., *Orthopaedics* '63
51 Brattle Street
Cambridge, Mass. 02138

Marble, Alexander, *Medicine* '30
15 Joslin Road, Boston, Mass. 02215

*Marcus, Donald H.
2nd Year Resident in Anesthesia
M.G.H.

Marcy, S. Michael, *Children's* '63
509 Hillgreen Drive
Beverly Hills, Calif. 90212

*Marenchic, Michael G.
1st Year Resident (Intern) on
the Children's Service
M.G.H.

*Margolies, Michael N., *Surgery* '69
Assistant Surgeon
M.G.H.

Marier, Robert L., *Medicine* '71
10 Pawson Landing
Branford, Conn. 06405

*Mark, Eugene J., *Pathology* '72
Assistant Pathologist
M.G.H.

*Mark, Vernon H., *Neurosurgery* '54
Clinical Associate, Neurosurgery
B.C.H.

Markland, A. Colin, *Urology* '62
412 Union Street, S.E.
Minneapolis, Minn. 55414

*Marks, George A., *Surgery* '34
Board of Consultation
15 Dix Street
Winchester, Mass. 01890

Marmor, Jane B., *Medicine* '71
937 Lathrop Place
Stanford, Calif. 94305

Maroney, John W., *Children's* '32
1205 Delaware Avenue
Wilmington, Del. 19805

*Marotta, Charles A., *Psychiatry* '75
Clinical and Research Fellow
(Acting 3rd Year Resident) in Psychiatry
M.G.H.

Marshall, Clyde S., *Neurology* '27
1779 Beech Street
Halifax, Nova Scotia B3H 4B7

Marshall, Fray F., *Urology* '75
Brady Urological Institute
Johns Hopkins Hospital
Baltimore, Md. 21205

Marsland, David W., *Children's* '70
320 Parkway Drive
Newport News, Va. 23606

*Martin, Albert R., *Medicine* '69
Clinical Associate in Medicine
Harvard Community Health Plan
690 Beacon Street
Boston, Mass. 02215

Martin, Charles L., *Radiology* '20
3501 Gaston Avenue
Dallas, Texas 75246

*Martin, Donald B., *Medicine* '59
Physician
M.G.H.

Martin, James A., *Surgery* '46, *Radiology* '51
3501 Gaston Avenue
Dallas, Texas 75246

*Martino, Joseph A.
Clinical Associate in Medicine
M.G.H.

*Martuza, Robert L., *Surgery* '74
1st Year Resident in Neurosurgery
M.G.H.

*Martyn, J. A. Jeevendra
Clinical and Research Fellow in Anesthesia
S.B.I.

Maruyama, Yosh, *Radiology* '61
Radiation Medicine Department
University of Kentucky Medical Center
Lexington, Ky. 40506

Marx, Stephen J., *Medicine* '70
Nat'l Inst. of Arthritis & Metabolic Dis.
NIH
Bethesda, Md. 20014

*Masland, Richard H.
Associate Neurophysiologist in Neurosurgery
M.G.H.

Mason, Earle D., *Medicine* '46
11600 Wilshire Blvd.
Los Angeles, Calif. 90025

*Mason, Edward A.
Assistant Psychiatrist
33 Fenwood Road
Boston, Mass. 02115

Mason, William, *Medicine* '21
Box 242
Adamsville, R.I. 02801

Mass, Lawrence D.
2nd Year Resident in Anesthesia
M.G.H.

*Masters, Richard
Assistant Dermatologist
Zero Emerson Pl., Boston, Mass. 02114

Matchett, Foster L., *Orthopaedics* '34
1830 Williams Street
Denver, Colo. 80218

Mathe, Aleksander, *Psychiatry* '63
Boston U. School of Medicine
80 E. Concord St., Boston, Mass. 02118

Mathewson, Herbert O., *Children's* '72
Assistant in Pediatrics
66 Lewis Bay Road
Hyannis, Mass. 02601

*Mathieu, Alix, *Anesthesia* '68
Assistant Anesthetist
M.G.H.

Mathieu, Thomas J., *Urology* '54
1120 W. Spruce Street
Yakima, Wash. 98902

*Mathis, Richard K.
Assistant in Pediatrics
S.B.I.

Mathis, William, H., Jr., *Radiology* '48
Kennestone Hospital
Marietta, Ga. 30061

*Mathisen, Douglas J.
2nd Year Resident in Surgery
M.G.H.

*Matsuno, Takeo
Research Fellow in Pathology
M.G.H.

Matta, Raymond J., *Medicine* '71
Dept. of Cardiology, Mt. Sinai Hospital
100th Street & 5th Avenue
New York, N.Y. 10029

*Matthysse, Steven W.
Assistant Psychobiologist in Psychiatry
M.G.H.

Mattoso, Luiz F. de Q., *Radiology* '65
Rua Bambina, 56; Botafogo -ZC:02
Rio de Janeiro, Guanabara, Brazil

Maughs, Sydney B., *Psychiatry* '38
100 North Euclid, Suite 310
St. Louis, Mo. 63108

*Maxwell, Samuel L.
1st Year Resident in Radiology
M.G.H.

May, George A., Jr., *Surgery* '67
2000 Washington St.
Newton, Mass. 02161

May, Harold L., *Surgery* '59
P.O. Box 2213-B, Port Au Prince
Haiti, West Indies

May, James W., Jr., *Surgery* '75
3908 Elfin Road
Louisville, Ky. 40207

*May, Lawrence A.
3rd Year Resident in Medicine
M.G.H.

*May, Roger J.
3rd Year Resident in Medicine
M.G.H.

Mayer, Richard F., *Neurology* '57
University Hospital
Department of Neurology
Baltimore, Md. 21201

Mayman, Chaim I., *Neurology* '61
B.I.H.

*Maynard, Edwin P. III
Physician
M.G.H.

*Mayo, Clara
Associate Psychologist, Psychiatry
Boston University
Psychology Dept.
Boston, Mass. 02215

Mayo, Frederick B., *Medicine* '44
144 Beach Bluff Ave.
Swampscott, Mass. 01907

Mayo, Richard A., *Orthopaedics* '56
South Shore Medical Clinic
Washington St., Norwell, Mass. 02061

*Mazer, Milton
Assistant Psychiatrist
Martha's Vineyard Mental Health Center
Main Street
Edgartown, Mass. 02539

*Mazur, John M.
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Mazuzan, John E., Jr., *Anesthesia* '59
Mary Fletcher Hospital
Burlington, Vt. 05401

McAlpine, Frederick S., *Anesthesia* '57
605 Commonwealth Ave.
Boston, Mass. 02215

McArdle, Richard B., *Urology* '75
P.B.B.H.

*McArthur, Janet W., *Medicine* '44
Associate Physician
M.G.H.

*McCabe, Charles J.
2nd Year Resident in Surgery
M.G.H.

McCann, Samuel M., *Medicine* '50
7025 Hillgreen Drive
Dallas, Texas 75214

*McCarthy, Philip L.
Assistant in Dermatology
36 Adams St., Quincy, Mass. 02169

*McChesney, James D.
1st Year Resident in Radiology
M.G.H.

McClellan, Betty J., *Pathology* '60
University of Oklahoma Medical Center
800 N.E. 13th St.
Oklahoma City, Okla. 73104

*McClelland, William K.
Clinical Associate in Surgery
486 Main St., Greenfield, Mass. 01301

*McCluer, Robert H.
Associate Biochemist (Neurology)
Fernald State School
200 Trapelo Road, Waltham, Mass. 02154

McClung, John L., *Anesthesia* '52
5522 Tolman Terrace
Madison, Wis. 53711

*McCluskey, Robert T.
Chief, Department of Pathology
M.G.H.

McCollum, Richard G., *Orthopaedics* '67
Orthopaedic Physicians, Inc.
801 Broadway, Suite 209
Seattle, Washington 98122

*McCormack, Geraldine A., *Children's* '70
Clinical Associate in Pediatrics
792 Main Street
Melrose, Mass. 02176

McCormack, William M., *Medicine* '69
B.C.H.

*McCormick, Mark G.
2nd Year Resident in Psychiatry
M.G.H.

McCort, James J., *Radiology* '44
Santa Clara County Hospital
San Jose, Calif. 95128

*McCourt, William F.
Assistant in Psychiatry
V.A. Hospital
17 Court Street
Boston, Mass. 02108

McCoy, William T., *Radiology* '60
19 Avenel Gardens Road
Medindie, South Australia

McCullough, David L., *Urology* '72
University of South Alabama Medical Center
Mobile, Ala. 36617

*McCully, Kilmer S., *Medicine* '60
Assistant Pathologist
M.G.H.

McCune, William S., *Surgery* '37
2520 L Street, N.W.
Washington, D.C. 20037

McDaniel, John R., *Surgery* '46
902 Edmond Street
St. Joseph, Mo. 64502

*McDermott, William V., Jr., *Surgery* '50
Board of Consultation
N.E.D.H.

*McEnany, M. Terry, *Surgery* '72
Assistant Surgeon
M.G.H.

*McFarland, James C., *Medicine* '69
Clinical Associate in Medicine
Cambridge Hospital
Cambridge, Mass. 02139

McFarland, Robert B., *Pathology* '59
2660 13th Street
Boulder, Colo. 80302

McFarlane, Ann D., *Pathology* '73
7507 Brookville Rd.
Chevy Chase, Md. 20015

McGahey, Claude E., *Surgery* '46
530 Chestnut St., Manchester, N.H. 03101

McGann, Robert C., *Surgery* '73
c/o Dr. R.J. McGann
1613 Willemoore
Springfield, Illinois 62705

McGinty, John B., *Orthopaedics* '60
2000 Washington St.
Newton Lower Falls, Mass. 02162

*McGovern, Thomas P.
2nd Year Resident in Surgery
M.G.H.

*McGrath, Edward F.
Clinical Associate in Pediatrics
60 Adams St., Milton, Mass. 02187

*McGugan, A. David, *Dermatology* '61
Assistant in Dermatology
1260 Furnace Brook Parkway
Quincy, Mass. 02169

McIlroy, William J., *Pathology* '60
Ste. #401, Toronto Western Med. Bldg.
25 Leonard Avenue
Toronto, Ontario M5T 2R2, Canada

*McInnes, Roderick R.
Clinical and Research Fellow in Pediatrics
M.G.H.

McIntyre, Patricia A., *Medicine* '53
Department of Radiological Science
The Johns Hopkins Medical Institutions
615 North Wolfe St.
Baltimore, Md. 21205

McIver, Monroe, A., *Surgery* '22
12 Main St., Cooperstown, N.Y. 13326

McKeever, Francis M., *Orthopaedics* '30
2012 Wilshire Blvd.
Los Angeles, Calif. 90057

McKenna, Paul, *Dermatology* '66
136 Harrison Ave., Boston, Mass. 02111

McKhann, Charles F., *Surgery* '64
Department of Surgery
University of Minnesota Hospital
Minneapolis, Minn. 55455

*McKinlay, John B.
Consultant Sociologist (Medicine)
Dept. of Sociology
Boston University
700 Commonwealth Avenue
Boston, Mass. 02215

*McKittrick, John B., *Anesthesia* '38
Surgery '42
Clinical Associate, Surgery
110 Francis St., Boston, Mass. 02215

*McKittrick, Leland S.
Board of Consultation
RFD No. 1, Box 280
Jaffrey, N. Hampshire 03452

*McKusick, Kenneth A.
Associate Radiologist
M.G.H.

McLaughlin, Ambrose P. III
P.B.B.H.

McLaughlin, William B., *Orthopaedics* '31
6050 Jenkins Arcade
Pittsburgh, Pa. 15222

*McLean, John D.
Chief of Podiatry, Orthopaedic Surgery
38 Church Street
Winchester, Mass. 01890

McMillan, Robert M., *Medicine* '41
140 S.W. Broad St.
Southern Pines, N.C. 28387

*McNeely, William F.
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

McNeil, Barbara J., *Children's* '67
P.B.B.H.

McNie, Allan B., *Pathology* '57
353 30th St., Oakland, Calif. 94609

McNutt, Neil S., *Pathology* '70
6570th Aerospace Medicine
Research Lab (MRTP)
Wright-Patterson AFB
Ohio 45433

McPeak, Clarence N., *Radiology* '29
Henry Heywood Memorial Hospital
Gardner, Mass. 01441

*McPeek, Bucknam, *Anesthesia* '62
Anesthetist
M.G.H.

McPhedran, Alexander M., *Neurology* '62
Tallwood Road, RFD #1
Readfield, Maine 04355

McPherson, Sidney R., *Orthopaedics* '49
85 Jefferson St., Hartford, Conn. 06103

Mead, Sedgewick, *Medicine* '40
Pathology '41, *Neurology* '42
1530 Arlington Blvd.
El Cerrito, Calif. 94530

Mealey, John J., *Neurosurgery* '60
Indiana University Medical Center
Indianapolis, Ind. 46207

Means, Paul H., *Medicine* '24
5270 Los Poblanos Drive
Albuquerque, N.M. 87107

Meath, James A., *Neurology* '47
P.O. Box 157
Dublin, N.H. 03444

*Medrek, Theodore F.
Assistant Bacteriologist
M.G.H.

Meigs, J. Wister, *Medicine* '43
60 College Street
New Haven, Conn. 06510

Meister, Lester, *Children's* '37
8212 Deerfield
Huntington Beach, Calif. 92646

*Meistrell, Michael L.
5th Year Resident in Surgery
M.G.H.

Mellinger, George W., *Medicine* '47
311 California Street
San Francisco, Calif. 94104

Meltzer, Monte S., *Pediatrics* '70
National Institutes of Health
Bethesda, Md. 20014

Melvin, William J.S., *Orthopaedics* '51
40 Guildcrest Drive
Scarborough, Ontario, Canada M1E-1E4

Mendelsohn, George E., *Neurosurgery* '74
5505 Delmar Boulevard
St. Louis, Missouri 63139

Mendelsohn, Mortimer L., *Medicine* '49
4601 Almond Circle
Livermore, Calif. 94550

*Mendiondo, Oscar A.
Chief Resident in Radiation Medicine
M.G.H.

*Ment, Laura R., *Children's* '76
1st Year Resident in Neurology
M.G.H.

Merino-de Villasante, Jorge M., *Radiology* '74
Instituto Nacional de Neurologia
Insurgentes Sur 3877
Tlalpan, D.F. (A.P.)
Mexico

*Merk, Linda P.
Assistant in Immunology (Neurosurgery)
M.G.H.

Merminod, Andre E., *Neurology* '73
Sherbrooke Medical Center
Sherbrooke, Quebec, Canada

Merrill, Bruce R., *Psychiatry* '41
P. O. Box 862
Belvedere, Calif. 94920

*Merrill, Edward W.
Consultant in Chemical Engineering,
Children's Service
M.I.T.

*Merrill, Ralph G.
Visiting Fellow in Oral Surgery
M.G.H.

Mesaros, Marie A., *Anesthesia* '70
Yale New Haven Hospital
New Haven, Conn. 06504

*Messner, Edward
Associate Psychiatrist
Zero Emerson Pl., Boston, Mass. 02114

Metcalf, Kenneth M., *Children's* '25
133 E. 73rd Street, New York, N.Y. 10021

*Mettler, Fred A.
4th Year Resident in Radiology
M.G.H.

Meyer, Harold I., *Surgery* '25
434 Arlington Place, Chicago, Ill. 60614

*Meyer, Robert M.
3rd Year Resident on the Children's Service
M.G.H.

Michel, Albert J.D., *Anesthesia* '50
28, Cours Aristide-Briand
Lyon (4e), France

Micheli, Lyle J., *Orthopaedic Surgery* '71
C.H.M.C.

*Michelsen, Jost J., *Neurosurgery* '38
Senior Consulting Staff
P.O. Box 148, Back Bay Annex
Boston, Mass. 02117

Michie, Alexander J., *Pathology* '43
Urology '45
175 East Brown Street
East Stroudsburg, Penna. 18301

Michie, Catherine R., *Pathology* '44
504 Thomas Street
Stroudsburg, Pa. 18360

Middlebrook, Gardner, *Medicine* '45
University of Maryland
School of Medicine
Baltimore, Md. 21201

Middleton, Anthony W., Jr., *Urology* '73
2521 Evening Star Drive
Salt Lake City, Utah 84117

*Mignone, Robert J., *Psychiatry* '73
Assistant in Psychiatry
M.G.H.

*Mihm, Martin C., Jr.
Associate Pathologist
Assistant Dermatologist
M.G.H.

Milam, Daniel F., Jr., *Surgery* '52
1300 116th Avenue N.E.
Bellevue, Wash. 98004

*Milas, Luka
Consultant Biologist in
Radiation Medicine
Associate Professor of Immunology
Central Institute of Tumors, Ilica 197
41000 Zagreb, Yugoslavia

*Milgram, Robert W.
Clinical & Research Fellow in
Orthopaedic Surgery
M.G.H.

*Millard, D. Glynn, *Radiology* '60
Clinical Associate in Radiology
Thorndike Pond Road
Jaffrey Center, N.H. 03454

*Miller, Abbott R., *Radiology* '64
Clinical Associate in Radiology
1030 President Avenue
Fall River, Mass. 02720

*Miller, Alexander L., *Psychiatry* '75
Clinical and Research Fellow
(Acting 3rd Year Resident) in Psychiatry
M.G.H.

Miller, Carroll C., *Surgery* '38
Pumpkin Point
Alton Bay, N.H. 03810

*Miller, Elliott V.
Associate Anesthetist
M.G.H.

Miller, Erwin C., *Medicine* '26
7 Military Road, Worcester, Mass. 01609

*Miller, Janet C.
Assistant in Biochemistry (Anesthesia)
M.G.H.

Miller, Jule P., Jr., *Psychiatry* '55
5501 Lindell Avenue
St. Louis, Mo. 63108

*Miller, Keith W.
Assistant Pharmacologist (Anesthesia)
H.M.S.

*Miller, Lawrence M.
Assistant Physician
10 Hawthorne Pl., Boston, Mass. 02114

Miller, Milton L., *Medicine* '32
University of North Carolina School
of Medicine, Chapel Hill, N.C. 27515

*Miller, Stephen W., *Radiology* '73
Assistant Radiologist
M.G.H.

*Miller, Susan E.
2nd Year Resident in Surgery
M.G.H.

Miller, William L., *Pathology* '61
RR1 Idle Wilde Lane
Chatham, Ill. 62629

Millet, J. Bradford, *Surgery* '48
5 Tennyson Circle
New Hartford, N.Y. 13413

*Milligan, Janice E., *Children's* '74
Clinical Associate on the Children's Service
M.G.H.

*Mills, John A., *Medicine* '58
Physician
M.G.H.

*Mills, John W.
Assistant in Biology (Medicine)
M.G.H.

Mills, Lawrence J., *Surgery* '73
Dept. of Thoracic Surgery
University of Texas Southwestern
Medical School, 5323 Harry Hines Blvd.
Dallas, Texas 75235

Mills, Lloyd, Jr., *Medicine* '44
1136 West 6th Street
Los Angeles, Calif. 90017

*Milunsky, Aubrey
Assistant Pediatrician
Fernald State School
Waltham, Mass. 02154

*Miner, Richard L.
Clinical Associate in Oral Surgery
412 Beacon Street, 5th Fl.
Boston, Mass. 02115

Minette, Lawrence J., *Pathology* '73
Department of Pathology MEDDAC
Fort Carson, Colorado 80913

Ming, Si-Chun, *Pathology* '56
655 Heatherwood Rd.
Rosemont, Pa. 19010

*Minguez, Maria C.
Research Fellow in Surgery
M.G.H.

*Minichiello, William E.
Assistant in Psychology (Psychiatry)
Suffolk Mental Health Center
14 Porter St.
East Boston, Mass. 02128

Minna, John D., *Medicine* '69
NCI-VA Medical Oncology Branch
Veterans Administration Hospital
50 Irving Street, N.W.
Washington, D.C. 20422

*Minter, Richard E.
1st Year Resident in Psychiatry
M.G.H.

Mintz, E. Ross, *Pathology* '30, *Urology* '32
18 Rundlett St., Concord, N.H. 03301

Mirkin, Gabriel B., *Children's* '63
9900 Georgia Avenue
Silver Spring, Maryland 20902

Mital, Mohinder A., *Orthopaedics* '68
University of Strathclyde
Bioengineering Unit, Montrose St.
Glasgow, C.I., Scotland

Mitchel, Duane H., *Medicine* '47
1633 Fillmore Street, #204
Denver, Colo. 80206

Mitchell, David C., *Orthopaedics* '63
Henry Ford Hospital, Detroit, Mich. 48202

*Mitchell, Mark M.
2nd Year Resident in Anesthesia
M.G.H.

*Mitchell, Michael E.
2nd Year Resident in Urology
M.G.H.

*Mitrovic, Dragoslav
Research Fellow in Orthopaedic Surgery
M.G.H.

*Mittler, Gerry R.
3rd Year Resident in Psychiatry
M.G.H.

*Miura, Takashi
Research Fellow in Neurology
M.G.H.

*Mixter, Charles G., Jr., *Surgery* '47
Clinical Associate in Surgery
V.A. Hospital, Brockton, Mass. 02401

*Mixter, Charles G. III, *Surgery* '72
Clinical Associate in Surgery
Exeter Clinic
Exter, N.H. 03833

Mixter, George, Jr., *Surgery* '43
535 North Dearborn Street
Chicago, Ill. 60610

Mnaymneh, Walid Ahmed, *Orthopaedics* '62
American University Hospital
Beirut, Lebanon

*Moellering, Robert C., *Medicine* '67
Associate Physician
Consultant in Bacteriology
M.G.H.

Moffitt, Herbert C., Jr., *Medicine* '42
909 Hyde Street
San Francisco, Calif. 94109

*Mohr, Jay Preston
Associate Neurologist
M.G.H.

Molind, Samuel E., *Oral Surgery* '70
Cassie Rd., R.D. #4
Barre, Vt. 05641

Molloy, Maureen K., *Orthopaedics* '62
Dorset Street
Shelburne, Vt. 05482

Moloney, David R., *Dermatology* '66
21 Woodland Street, Hartford, Conn. 06105

*Momose, K. Jack, *Radiology* '57
Associate Radiologist
M.G.H.

Monaco, Anthony P., *Surgery* '63
Cancer Research Institute
New England Deaconess Hospital
185 Pilgrim Road
Boston, Mass. 02215

Monahan, John J., *Orthopaedics* '62
22 West 39th Street, Erie, Pa. 16508

*Moncure, Ashby C., *Surgery* '67
Associate Visiting Surgeon
15 Agawam Road
Waban, Mass. 02168

Monroe, John T., Jr., *Medicine* '56
Conner Drive Professional Building
110 Conner Drive
Chapel Hill, N.C. 27514

Montgomery, Hugh, *Medicine* '32
932 Merion Square Road
Gladwyne, Penna. 19035

Montgomery, Orland F., *Surgery* '16
890 Coleman Avenue
Menlo Park, Calif. 94025

Moolten, Frederick L., *Medicine* '68
Boston University School of Medicine
80 E. Concord Street
Boston, Mass. 02118

Moore, Burness E., *Psychiatry* '42
152 East 73rd Street
New York, N.Y. 10021

*Moore, Francis D., *Surgery* '43
Board of Consultation
P.B.B.H.

*Moore, Gordon T., *Medicine* '65
Clinical Associate in Medicine
Harvard Community Health Plan
690 Beacon Street, Boston, Mass. 02215

*Moore, Melinda
2nd Year Resident on the Children's Service
M.G.H.

Moore, Michael J., *Neurology* '68
Assistant Professor of Neurology
Boston University School of Medicine
Boston, Mass. 02118

Moore, Robert F., *Medicine* '54
440 North Main Street
Randolph, Mass. 02368

Moore, S. Halcuit, Jr., *Children's* '37
P.O. Box 28, Dallas, Texas 75221

Moran, John E., *Neurology* '28
P.O. Box 714, Greenfield, Mass. 01301

Moran, Thomas W., Jr., *Pathology* '50
Mellon National Bank Building
Latrobe, Pa. 15650

*Morawetz, Richard B.
Clinical and Research Fellow in Neurosurgery
M.G.H.

*Mordes, John P.
Research Fellow in Psychiatry
M.G.H.

Moreton, John R., *Surgery* '45
45 Meadowbrook Road
Weston, Mass. 02193

*Morgan, Edward J.
3rd Year Resident in Medicine
M.G.H.

*Morgan, Richard J.
1st Year Resident (Intern) in Surgery
M.G.H.

Morgan, Winfield S., *Pathology* '51
West Virginia University Medical Center
Morgantown, West Virginia 26506

*Morin, Christopher J.
1st Year Resident (Intern) in Surgery
M.G.H.

*Morison, Warwick L.
Clinical and Research Fellow in Dermatology
M.G.H.

Morley, Helen R., *Anesthesia* '69
8A Avenue Road
Highgate, S.A.
Australia 5063

Morris, Harry D., *Orthopaedics* '37
1514 Jefferson Highway
New Orleans, La. 70120

*Morris, Madeline B.
3rd Year Resident on Children's Service
M.G.H.

Morris, Peter J., *Surgery* '64
Professor, Nuffield Department of Surgery
Radcliffe Infirmary
Oxford OX2 6HE, England

*Morris, Roger H., *Anesthesia* '63
Associate Anesthetist
M.G.H.

Morrison, Gordon, M., *Orthopaedics* '41
77 San Mateo Drive
San Mateo, Calif. 94401

Morrison, Harvey R., *Medicine* '36
Radiology '39
91 Main St., St. Johnsbury, Vt. 05819

Morrison, Roger W., *Surgery* '43
4 Lucky Lane
Asheville, N.C. 28804

Morrissey, E. James, *Orthopaedics* '36
1121 Penn Avenue
Wyomissing, Pa. 19610

Morrissey, Eugene J., *Orthopaedics* '65
1121 Penn Avenue
Wyomissing, Pa. 19610

Morse, Frank P., *Urology* '72
79 Highland Avenue
Salem, Mass. 01970

Morton, Robert O., *Medicine* '74
2301 West Beech Street
Duncan, Oklahoma 73533

*Moser, Hugo W., *Neurology* '59
Neurologist
W. E. Fernald School
P. O. Box 158
Belmont, Mass. 02178

*Mosher, David B., *Dermatology* '75
Clinical Fellow in Dermatology
M.G.H.

Moss, Arthur J., *Medicine* '61
Strong Memorial Hospital
Rochester, N.Y. 14620

*Moss, Jonathan
1st Year Resident in Anesthesia
M.G.H.

*Moyen, Bernard J.
Clinical and Research Fellow in
Orthopaedic Surgery
M.G.H.

Moyer, Dean LaR., *Pathology* '55
Los Angeles County Harbor General
Hospital, Torrance, Calif. 90509

*Moylan, Fergus, *Children's* '72
Assistant Pediatrician
M.G.H.

Mudd, S. Harvey, *Medicine* '54
National Institutes of Health
Bethesda, Md. 20014

Mueller, Egbert H., *Psychiatry* '58
707 Commonwealth Ave.
Newton Centre, Mass. 02159

Mueller, Gustave C.E., *Surgery* '64
F.M., National Bank
Princeton, Wis. 54967

*Mueller, H. Peter
Clinical Associate, Radiology
5 Woodland Rd., Stoneham, Mass. 02180

Mueller, Harry L., *Children's* '35
C.H.M.C.

*Mueller, Peter R.
2nd Year Resident in Radiology
M.G.H.

*Muenchow, Sharon K.
4th Year Resident in Surgery
M.G.H.

Muirhead, Donald M., Jr., *Children's* '61
319 Longwood Ave.
Boston, Mass. 02115

Mulford, Edwin H. II, *Neurosurgery* '47
5 Elm Crest Terrace
Norwalk, Conn. 06850

Mull, J. Dennis, *Medicine* '71
Chief, Outpatient Department
General Hospital
Jiddah, Saudi Arabia

Muller, Alex T., *Medicine* '53
Hopital Cantonal, Geneva, Switzerland

Muller, Walter A., *Medicine* '73
Institut de Biochemie Clinque de l'Universite
Dentier de la Roseraie
Geneva, Switzerland

*Mulley, Albert G.
2nd Year Resident in Medicine
M.G.H.

*Mullin, Charles S.
Clinical Associate in Psychiatry
M.G.H.

Mullin, Edward M., *Surgery* '72
3707 Suffolk St.
Durham, N.C. 27707

*Mundth, Eldred D., *Surgery* '67
Associate Visiting Surgeon
M.G.H.

Munro, Jeannette, *Children's* '29
36-04 Meadow Lakes
Hightstown, N.J. 08520

Munro, Nathan D., *Surgery* '44
740 W. Michigan Ave.
Jackson, Mich. 49201

*Murlas, Christopher G.
1st Year Resident in Pathology
M.G.H.

*Murphy, Annetta L.
Assistant in Anesthesia
M.G.H.

*Murphy, Douglas A.
2nd Year Resident in Medicine
M.G.H.

Murphy, Grace L., *Dermatology* '30
601 S. Bowman Avenue
Merion Station, Pa. 19066

*Murphy, John D., *Anesthesia* '63
Associate Anesthetist
M.G.H.

*Murphy, Michael D., *Psychiatry* '70
Clinical Associate in Psychiatry
Choate Memorial Hospital
Woburn, Mass. 01801

*Murphy, Richard A.
Research Fellow in Medicine
M.G.H.

*Murray, Barbara E.
3rd Year Resident in Medicine
M.G.H.

*Murray, Brian P.
2nd Year Resident in Anesthesia
M.G.H.

*Murray, Brian W.
Assistant in Physics
(Radiology)
M.G.H.

Murray, David B., *Pathology* '56
Box 13029
Arlington, Texas 76013

*Murray, George B.
3rd Year Resident in Psychiatry
M.G.H.

*Murray, Joseph E.
Consultant in Plastic Surgery
P.B.B.H.

*Murray, Marguerite E.
Assistant in Psychology (Psychiatry)
L.M.H.C.

Murray, Thomas G., *Medicine* '72
University of Pennsylvania Hospital
Philadelphia, Pa. 19104

Mushatt, Cecil, *Psychiatry* '46
1093 Beacon Street
Brookline, Mass. 02146

*Myers, Gordon S., *Medicine* '43
Physician
M.I.T.

Myers, Harvey A.P., *Psychiatry* '73
Suite 210, 1661 Shoreline Drive
Boise, Idaho 83706

Myers, Richard S., *Surgery* '72
1300 St. Mary Street
Raleigh, N.C. 27605

*Nadas, Alexander S.
Consultant in Pediatrics
C.H.M.C.

*Nam, Sang Kyu
Clinical Fellow in Psychiatry
D.S.H.

*Nardell, Edward A.
Clinical and Research Fellow in Medicine
M.G.H.

*Nardi, George L., *Surgery* '51
Visiting Surgeon
M.G.H.

*Nash, Theodore E.
Research Fellow in Biochemistry (Medicine)
M.G.H.

*Nasir-Un-Din
Assistant in Biochemistry (Medicine)
M.G.H.

*Nath, Ronald L.
Research Fellow in Surgery
M.G.H.

Nathan, Carl F., *Medicine* '74
National Cancer Institute, Building 10
Bethesda, Md. 20014

Nathan, Louis, *Orthopaedics* '30
35 Vernon Street
Brookline, Mass. 02146

Nathan, Martin J., *Surgery* '69
2701 W. Alameda Avenue
Burbank, Calif. 91505

*Neary, Joseph T.
Assistant in Biochemistry (Medicine)
M.G.H.

*Nebesar, Robert A., *Radiology* '63
Clinical Associate, Radiology
Cardinal Cushing Hospital
Brockton, Mass. 02401

Neel, Hartley S., *Radiology* '73
Dept. of Radiology
Northeastern Vermont Regional Hospital
St. Johnsbury, Vt. 05819

*Neely, Constance F.
1st Year Resident in Anesthesia
M.G.H.

*Neer, Robert M.
Associate Physician
M.G.H.

*Neiberg, Norman A.
Assistant Psychologist in Psychiatry
190 Portland Street
Boston, Mass. 02114

*Neimanis, Andris
Clinical Fellow (Acting 3rd Year Resident) in Dermatology
M.G.H.

Nellhaus, Gerhard, *Children's* '59
4200 E. 9th Avenue
Denver, Colo. 80220

*Nelson, Curtis N.
3rd Year Resident in Neurosurgery
M.G.H.

*Nelson, Michael H., *Psychiatry* '70
Clinical Assistant in Psychiatry
Boston State Hospital
591 Morton Street
Boston, Mass. 02124

Nelson, Russell M., *Surgery* '54
508 East on South Temple Street
Salt Lake City, Utah 84102

*Nemiah, John C., *Psychiatry* '49
Board of Consultation
B.I.H.

*Neu, Carlos A.
Clinical Associate in Psychiatry
L.M.H.C.

*Neuhauser, Duncan
Consultant in Medicine
H.S.P.H.

*Neuhauser, Edward B.
Consultant in Radiology
C.H.M.C.

*New, Paul F.J.
Radiologist
M.G.H.

*Newbower, Ronald S.
Associate Biomedical Engineer (Anesthesia)
M.G.H.

Newell, James W., *Surgery* '44
Medical Plaza, 1101 Welch Road
Palo Alto, Calif. 94304

*Newell, John L., *Surgery* '32
Board of Consultation
319 Longwood Ave., Boston, Mass. 02115

*Newfield, Phillippa
2nd Year Resident in Anesthesia
M.G.H.

*Newhouse, Jeffrey H., *Radiology* '72
Assistant Radiologist
M.G.H.

Newman, Elliott, *Children's* '41
Vanderbilt University School of Medicine
Nashville, Tenn. 37203

Newman, Herbert A., *Children's* '60
14 Soundview Avenue
White Plains, N.Y. 10606

*Newsome, David A.
Research Fellow in Medicine
M.G.H.

Newstedt, J. Roger, *Surgery* '50
108 William Howard Taft Road
Cincinnati, Ohio 45219

*Niall, Hugh D.
Board of Consultation
University of Melbourne
Parkville, Victoria 3052 Australia

Nicholson, Jesse T., *Orthopaedics* '33
419 South 19th Street
Philadelphia, Pa. 19146

*Nickerson, Warren R.
Clinical Fellow in Surgery
M.G.H.

Nickman, Steven L., *Psychiatry* '71
114 Rawson Road
Brookline, Mass. 02146

Nicosia, Arnold P., *Children's* '49
535 Plandome Road
Manhasset, Long Island, N.Y. 11030

*Nieh, Peter T., *Surgery* '75
1st Year Resident in Urology
M.G.H.

Nielsen, Talmadge W., *Surgery* '53
60 South 4th Avenue East
Salt Lake City, Utah 84111

*Nigam, Mool P.
Assistant in Neurology
Fernald State School
Waltham, Mass. 02154

Nigra, Thomas P., *Dermatology* '69
Washington General Hospital
Washington, D.C. 20003

Nilges, Richard G., *Neurosurgery* '51
2745 W. Winoma Avenue
Chicago, Ill. 60625

Nimetz, Allen A., *Medicine* '72
Washington Clinic
5401 Western Avenue, N.W.
Washington, D.C. 20015

*Nobel, Kenneth W., *Psychiatry* '74
Clinical Associate in Psychiatry
North End Community Health Center
32 Hanover Street, Boston, Mass. 02113

Noble, John J., Jr., *Medicine* '65
Univ. of N.C.
Memorial Hospital
Chapel, Hill, N.C. 27514

Nobles, Eugene R., Jr., *Surgery* '61
899 Madison Avenue, Suite 508A
Memphis, Tenn. 38103

Noe, Joel M., *Surgery* '72
Stanford University Medical Center
Palo Alto, Calif. 94305

*Nolan, James A.
3rd Year Resident in Medicine
M.G.H.

*Noon, James P.
Research Fellow in Psychiatry
M.G.H.

Noone, P. Francis, *Anesthesia* '63
53 East End Avenue
New York, N.Y. 10028

Norbury, Frank B., *Medicine* '49
Norris Hospital, 446 East State Street
Jacksonville, Ill. 62650

Norcross, John W., *Medicine* '37
605 Commonwealth Avenue
Boston, Mass. 02215

*Norris, Ronald V.
Assistant in Psychiatry
219 Central Street
Lowell, Mass. 01852

*Norris, Stephen H.
2nd Year Resident in Orthopaedic Surgery
M.G.H.

*Northrup, Thomas E.
Research Fellow in Surgery
M.G.H.

*Norton, Paul L., *Orthopaedics* '34
Board of Consultation
P.O. Box 542
Concord, Mass. 01742

*Novelline, Robert A., *Radiology* '73
Assistant in Radiology
M.G.H.

Novy, Miles J., *Surgery* '64
Univ. of Oregon Medical School Hospital
Portland, Ore. 97201

*Nozik, Daniel L., *Oral Surgery* '68, *Anesthesia* '73
Assistant in Anesthesia
M.G.H.

*Nussbaum, Samuel R.
3rd Year Resident in Medicine
M.G.H.

Nuzzo, Roy M., *Orthopaedics* '75
452 Seeman Road
Virginia Beach, Va. 23452

Oakley, Joseph C., *Dentistry* '59
507 Main Street, Worcester, Mass. 01608

*O'Brien, J. Patrick, *Psychiatry* '74
Assistant in Psychiatry
M.G.H.

*O'Brien, Richard G.
Clinical Associate, Radiology
697 Cambridge St., Brighton, Mass. 02135

O'Brien, Robert M., *Orthopaedics* '41
777 So. New Ballas Road
St. Louis, Missouri 63141

O'Brien, William M., *Medicine* '58
University of Virginia Hospital
Charlottesville, Va. 22901

O'Connell, Theodore X., *Surgery* '70
U.C.L.A.
Los Angeles, Calif. 90000

O'Connor, Joseph R.F., *Anesthesia* '70
B.U.H.

O'Connor, Thomas A., *Anesthesia* '74
3101 Verdant Court
Tampa, Fla. 33609

Oder, Frederic E., *Psychiatry* '74
339 Washington Street
Gloucester, Mass. 01930

Odland, George F., *Medicine* '47
Dermatology '54
University of Washington School of
Medicine, Seattle, Wash. 98195

*O'Donnell, Thomas F.
Clinical and Research Fellow in Surgery
M.G.H.

Ogden, Ralph T., *Children's* '25
94 Main Street
Sanford, Maine 04073

Ogus, Hugh D., *Oral Surgery* '72
65 Beaconsfield Road
London SE 3, England

*Oh, Indong
Clinical and Research Fellow in
Orthopaedic Surgery
M.G.H.

Oh, Kook Sang, *Radiology* '69
Johns Hopkins Hospital, Radiology Dept.
Baltimore, Md. 21205

Oh, Won Hwan, *Orthopaedics* '67
N.E.M.C.H.

*O'Hara, Patrick
3rd Year Resident in Surgery
M.G.H.

*Ohm, Winifred W.
Clinical Fellow in Anesthesia
M.G.H.

*Ohman, John L., Jr.
Assistant in Medicine
M.G.H.

*Ojemann, Robert G., *Neurosurgery* '61
Visiting Neurosurgeon
M.G.H.

Okagaki, Takashi, *Pathology* '67
Box 131 Mayo Bldg.
Univ. of Minn.
Minn., Minn. 55455

*Okayama, Minoru
Assistant in Biochemistry (Medicine)
M.G.H.

*O'Keefe, Dennis D., *Surgery* '67
Research Fellow in Surgery
M.G.H.

Okun, Milton R., *Dermatology* '60
47 Commercial Wharf, Boston, Mass. 02110

O'Leary, Daniel H., *Neurology* '73
Clinical Fellow in Radiology
M.G.H.

Olin, Harry S., *Psychiatry* '59
55 Windsor Drive, Waban, Mass. 02168

*Olin, Morton J.
Visiting Oral Surgeon
251 Massachusetts Avenue
Arlington, Mass. 02174

*Oliver, Lanta C.
Clinical Associate in Medicine
M.G.H.-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

Olson, Daniel J., *Oral Surgery* '75
550 Water Street
Santa Cruz, Calif. 95060

O'Machi, Rodney S., *Medicine* '70
623 Miramar Avenue
San Francisco, Calif. 94112

O'Malley, Austin F., *Urology* '57
20 Gleason St., Hyannis, Mass. 02601

O'Malley, John E., *Psychiatry* '72
C.H.M.C.

*O'Malley, Terrence A.
3rd Year Resident in Medicine
M.G.H.

Omenn, Gilbert S., *Medicine* '67
University of Washington Medical Center
Seattle, Wash. 98105

*O'Neill, Hugh C.
Clinical Fellow in Anesthesia
M.G.H.

Onwukwe, Mba Felix, *Dermatology* '72
Inst. for Skin & Research
63 Azikiwe Road
Aba, Nigeria

Oparil, Suzanne, *Medicine* '68
U. of Chicago Medical School
Dept. of Medicine, 950 E. 59th St.
Chicago, Ill. 60637

*Oppenheim, Arnold R.
1st Year Resident in Pathology
M.G.H.

*Orenstein, Neil S.
Assistant Biochemist in Pathology
M.G.H.

*Orkin, Roslyn B.
Research Fellow in Medicine
M.G.H.

Organick, Avrum B., *Medicine* '53
Denver General Hospital
201 West 6th Avenue, Denver, Colo. 80204

Ormandy, Laszlo, *Orthopaedics* '43
3109 10th Street, N., Arlington, Va. 22201

*Ornellas, Eugene P.
Assistant Immunologist (Urology)
M.G.H.

O'Rourke, Dermot A., *Psychiatry* '75
Jackson Memorial Hospital
Jackson, Wyo. 83001

*O'Rourke, Patricia P.
2nd Year Resident on the Children's Service
M.G.H.

Orski, Barbara M., *Children's* '56
Kaiser Foundation Hospital
Oakland, Calif. 94611

*Ortonne, Jean-Paul E.
Research Fellow in Dermatology
M.G.H.

Osborn, June E., *Children's* '63
University of Wisconsin Medical School
Madison, Wis. 53706

Osborne, Barbara M., *Pathology* '75
2014 Sea Cove Court
Nasua Bay, Houston, Texas 77058

*Osborne, Robert K., *Medicine* '62
Clinical Associate in Medicine
Dedham Medical Association
743 High Street, Dedham, Mass. 02026

*Oscarson, Jan E.
Clinical and Research Fellow in Surgery
M.G.H.

O'Shea, Clare Marshall, *Neurology* '54
Enosburg Falls, Vt. 05450

*O'Shea, James A., *Children's* '50
Clinical Associate in Pediatrics
339 Haverhill Street
Lawrence, Mass. 01840

*O'Shea, Kathleen T., *Dermatology* '70
Clinical Associate in Dermatology
101 River Road
Weston, Mass. 02193

Osius, Eugene A., *Medicine* '23
8120 East Jefferson Avenue
Detroit, Michigan 48214

*Osler, David C., *Pediatrics* '72
Clinical Associate in Pediatrics
Somerville Hospital
230 Highland Avenue
Somerville, Mass. 02143

Osmond, John D. III, *Radiology* '73
Cape Cod Hospital
Hyannis, Mass. 02601

Oster, Martin W., *Medicine* '73
National Cancer Institute
National Institutes of Health
Building 10, Room 2B-50
Bethesda, Md. 20014

Ostheimer, Gerard W., *Anesthesia* '70
77 Hancock Road
Needham, MA 02192

O'Sullivan, Renee B., *Children's* '57
14 Denton Road, Wellesley, Mass. 02181

*Ott, Kenneth H.
5th Year Resident in Neurosurgery
M.G.H.

*Ottinger, Leslie W., *Surgery* '66
Associate Visiting Surgeon
M.G.H.

Otto, Charles W., *Anesthesia* '75
Department of Anesthesiology
University of Arizona Medical Center
Tucson, Ariz. 85724

*Otto, William J., Jr., *Radiology* '64
Clinical Associate in Radiology
Beverly Hospital, Beverly, Mass. 01915

*Ouellette, Andre J.
Assistant Biochemist (Surgery)
S.B.I.

Owen, William R., *Medicine* '52
6410 Fannin St., Houston, Texas 77025

Owens, William D., *Anesthesia* '72
Washington University
St. Louis, Mo. 63110

Owyang, Pauline, *Children's* '43
P.O. Box 1365, Costa Mesa, Calif. 92626

*Ozer, Howard, Jr.
2nd Year Resident in Medicine
M.G.H.

*Pachas, William N.
Clinical Associate in Medicine
M.G.H.

Packard, George B., *Surgery* '17
2415 East Cedar Street
Denver, Colo. 80209

Packert, Richard C., *Radiology* '58
Memorial Hospital for Cancer and Allied
Diseases, New York, N.Y. 10021

Padget, Charles H., *Anesthesia* '74
U.S. Air Force Regional Hospital S-9
Minot, North Dakota 58701

*Padilla, Edna P.
Clinical Fellow in Psychiatry
D.S.H.

*Page, Lot B., *Medicine* '56
Assistant Physician
2000 Washington Street
Newton Lower Falls, Mass. 02162

*Pais, Vernon M.
Clinical Assistant in Urology
St. Elizabeth's Hospital
736 Cambridge Street
Brighton, Mass. 02135

*Palacios Urdaneta, Igor
Clinical and Research Fellow in Medicine
M.G.H.

*Paley, Robert H.
1st Year Resident in Radiology
M.G.H.

Palmer, Michael S., *Medicine* '73
4 Bramblebush Park
Falmouth, Mass. 02540

*Palmer, R. Sterling, *Medicine* '27
Board of Consultation
330 Dartmouth Street
Boston, Ma. 02116

*Pang, Kam-Yee Y.
Research Fellow in Anesthesia
M.G.H.

*Panny, Susan R.
3rd Year Resident on the Children's Service
M.G.H.

*Panowicz, Thomas B.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

Pant, Shyam S., *Neurology* '63
318 Vinay Marg, New Delhi, India

*Paolitto, Frank J.
Clinical Fellow in Psychiatry
M.G.H.

*Papas, Arthur N.
Assistant Psychiatrist
Metropolitan State Hospital
Waltham, Ma. 02154

Papazian, Clement E., *Children's* '60
Permanete Medical Group
Fontana, Calif. 92335

*Paretti, Joseph P.
Assistant in Psychology (Psychiatry)
M.G.H.

Park, Kyung M., *Anesthesia* '71
41 Laxfield Road
Weston, Mass. 02193

Parker, Jack S., *Surgery* '46
332 Washington Street
Wellesley Hills, Mass. 02181

Parker, John C., *Medicine* '63
1010 Highland Woods
Chapel Hill, N.C. 27514

*Parker, Stephen W., *Neurology* '72
Assistant Neurologist
M.E.E.I.

Parkhurst, Albert E., *Medicine* '19
Beverly Hospital, Beverly, Mass. 01915

*Parkhurst, Edward C., *Urology* '58
Assistant Urologist
One Hawthorne Place
Boston, Mass. 02114

*Parks, Joe M.
Research Fellow Neurosurgery
M.G.H.

*Parmelee, Dean X.
1st Year Resident in Psychiatry
M.G.H.

Parnell, Edward *Orthopaedics* '32
801 Encino, NE-#1
Albuquerque, N.M. 87102

Parrillo, Joseph E., *Medicine* '74
National Institute of Allergy and
Infectious Disease
Building 10
Bethesda, Md. 20014

*Parrish, John A., *Dermatology* '72
Assistant Dermatologist
M.G.H.

Parson, William, *Medicine* '42
Dean's Office, School of Medicine
Gadia Mada University
Jog Jakarta, Indonesia

*Parsons, Edward F.
Clinical Assistant in Medicine
St. Joseph's Hospital
Lowell, Mass. 01854

*Parsons, John Anthony
Consultant in Endocrinology (Medicine)
M.G.H.

*Parsons, Langdon, *Surgery* '29
Board of Consultation
1180 Beacon St., Brookline, Mass. 02146

*Pasternack, Mark S.
2nd Year Resident in Medicine
M.G.H.

*Pasternak, Richard C.
2nd Year Resident in Medicine
M.G.H.

*Patel, Dineshkumar G., *Orthopaedics* '71
Assistant in Orthopaedic Surgery
M.G.H.

*Pathak, Madhukar A.
Associate Biochemist, Dermatology
M.G.H.

*Patterson, Arthur K.
Chief Resident in Radiology
M.G.H.

*Patterson, Mary Kay
Assistant Anesthetist
M.G.H.

Patterson, Robert L., Jr., *Orthopaedics* '35
535 East 70th St., New York, N.Y. 10021

Patterson, Russell H., *Surgery* '19, *Urology* '20
833 Sanderling Road, Sarasota, Fla. 33581

*Patterson, Susan D.
4th Year Resident in Pathology
M.G.H.

*Patton, Anthony S., *Surgery* '64
Clinical Associate, Surgery
159 Locust St., Danvers, Mass. 01923

Pauker, Stephen G., *Medicine* '70
N.E.M.C.H.

*Pauker, Susan P., *Pediatrics* '73
Clinical Associate in Pediatrics
M.G.H.

*Paul, Igor L.
Consultant in Engineering Science
Orthopaedic Surgery
M.I.T., Room 3-449

Paul, John R., Jr., *Children's* '43
94 Church Street
Charleston, S. Carolina 29401

Paul, Oglesby, *Medicine* '43
Vice President for Health Sciences
Northwestern University
339 East Chicago Avenue
Chicago, Ill. 60611

*Pawlowski, Margaret M.
Clinical Fellow in Psychiatry
M.G.H.

Peabody, Homer D., Jr., *Medicine* '45
848 Rosecrans Street, San Diego, Calif. 92106

Pearl, Don C., *Surgery* '64
36 So. El Camino Real
San Mateo, Calif. 94401

*Pease, Francis B.
3rd Year Resident in Surgery
M.G.H.

Pearse, Richard L., *Surgery* '34
1821 Green St., Durham, N.C. 27705

Pearson, Carl M., *Pathology* '48
University of California Medical Center
Los Angeles, Calif. 90024

Pearson, Olaf H., *Medicine* '42
Western Reserve University
School of Medicine
Cleveland, Ohio 44106

Pease, Francis B., *Surgery* '73
1012 Hendricks Avenue
Jacksonville, N.C. 28540

*Pechet, Maurice M., *Medicine* '52
Assistant in Medicine
49 Amherst St., Cambridge, Mass. 02142

Pederson, Donald P., *Anesthesia* '57
650 S. Central Ave., Marshfield, Wis. 54449

*Peebles, Richard R.
Psychologist (Psychiatry)
M.G.H.

*Peebles, Thomas C., *Children's* '55
Pediatrician
M.G.H.

Peete, William P.J., *Surgery* '53
Duke University Medical Center
Durham, N.C. 27706

Peiffer, Geraldine M., *Anesthesia* '57
6541 Forest Ave., Hammond, Ind. 46324

*Peimer, Clayton A.
Clinical Fellow in Orthopaedic Surgery
M.G.H.

*Pendergrass, Henry P.
Radiologist
M.G.H.

*Pennington, Dewey G.
Research Fellow in Surgery
M.G.H.

*Perez-Figaredo, Rafael A.
Clinical Fellow (Acting 3rd Year
Resident) in Dermatology
M.G.H.

Perkins, Arthur, *Surgery* '25
813 Ogden Canyon, Ogden, Utah 84401

Perley, Abraham I., *Dermatology* '48
2030 11th Ave., South
Birmingham, Ala. 35205

*Perlman, Donald M.
Clinical Associate in Surgery
Lynn Hospital
212 Boston Street
Lynn, Mass. 01901

*Perlman, Jon A.
3rd Year Resident in Surgery
M.G.H.

*Perlo, Vincent P.
Neurologist
M.G.H.

Perlstein, George, *Pathology* '68
Neurology '69
Palo Alto Medical Clinic, 300 Himer Ave.
Palo Alto, Calif. 94301

Perrin, George M., *Children's* '54
Philadelphia General Hospital
Mills Building, Philadelphia, Pa. 19104

*Perrotto, Joseph L.
Clinical Associate in Medicine
Norwood Hospital
Norwood, Mass. 02062

*Persson, Mindy C.
1st Year Resident (Intern) in Pathology
M.G.H.

*Pessin, Michael S.
Clinical Assistant in Neurology
M.G.H.

*Peters, Charles
2nd Year Resident in Surgery
M.G.H.

*Peters, Virginia B.
Assistant in Anatomy in Neurosurgery
M.G.H.

*Petersen, James A., *Radiology* '56
Clinical Associate in Radiology
16 Clarke St., Lexington, Mass. 02173

Petersen, Robert Ole, *Pathology* '71
Dept. of Pathology
Temple University School of Medicine
Philadelphia, Pa. 19100

Peterson, Harold O., *Radiology* '36
University of Minnesota Hospitals
Minneapolis, Minn. 55414

Peterson, Hart de C., *Children's* '61
New York Hospital, 525 East 68th St.
New York, N.Y. 10021

*Petersen, Vernonica S.
Clinical Associate on the Children's Service
Harvard Community Health Plan
Cambridge, Mass. 02138

Petranek, Joseph R., *Medicine* '55
2 Poplar St., Ipswich, Mass. 01938

Petrovich, George, *Neurology* '72
Stojana Novakovica 14
11.000 Belgrade, Yugoslavia

*Peyster, Robert G.
2nd Year Resident in Radiology
M.G.H.

*Pfeffer, William, Jr.
Clinical Associate in Pediatrics
3 Seaward Rd.
Wellesley Hills, Mass. 02181

*Pfister, Richard C.
Radiologist
M.G.H.

*Philbin, Daniel M.
Assistant Anesthetist
M.G.H.

*Phillips, Anne W.
Clinical & Research Fellow, Surgery
M.G.H.

*Phillips, David A.
Assistant in Radiology
M.G.H.

Phillips, Edgar B. II, *Children's* '49
Box 377
Wellesley, Mass. 02181

*Phillips, Harry R. III
2nd Year Resident in Medicine
M.G.H.

*Picard, Ernest H., *Neurology* '57
Associate Neurologist
M.G.H.

*Pick, Walter, *Children's* '47
Clinical Associate in Pediatrics
42 Fox St., Fitchburg, Mass. 01420

Pickard, Nicholas S., *Orthopaedics* '40
411 Nicholas Rd., Kansas City, Mo. 64112

*Pier, Arthur S., Jr., *Medicine* '42
Associate Physician
266 Beacon St., Boston, Mass. 02116

Pier, Gardner, *Surgery* '43
Box 68, Truckee, Calif. 95734

*Pierce, Chester M.
Psychiatrist, Harvard University
Nichols House, Appian Way
Cambridge, Mass. 02138

*Pierce, Donald S.
Associate Orthopaedic Surgeon
M.G.H.

*Pierce, R. Wendell, *Orthopaedics* '75
Assistant in Orthopaedic Surgery
M.G.H.

Pierson, Joseph D., Jr., *Children's* '72
24 Sherbrook Drive
Princeton Junction, N.J. 08550

Pietra, Giuseppe G., *Pathology* '62
2020 West Ogden Ave.
Chicago, Ill. 60612

Pike, Maurice M., *Orthopaedics* '29
Old Mountain Rd.
Farmington, Conn. 06032

*Pikula, John V.
Clinical Assistant, Surgery
N.E.D.H.

*Pilch, Ben Z.
3rd Year Resident in Pathology
M.G.H.

Pillsbury, Philip L., *Medicine* '42
3512 Clay St., San Francisco, Calif. 94118

Pina, Burt D., *Radiology* '73
Rockville General Hospital
Rockville, Conn. 06066

*Pingree, Richard G.
Assistant in Medicine
M.G.H.

Pinn, Vivian W., *Pathology* '70
N.E.M.C.H.

Pinnell, Sheldon R., *Dermatology* '71
c/o Prof. Klaus Kuhn
Max Planck-Institut
fur Eiweiss und Lederfor-Schung
Schillerstrasse 46
8 Munich 15, Germany

Pippitt, Richard B., *Medicine* '38
Pathology '39, *Neurology* '41
Memorial Hospital
North Conway, N.H. 03860

Pitman, Susan A.W., *Radiation Medicine* '73
Sydney Farber Cancer Center
35 Binney Street
Boston, Mass. 02115

*Pittman, Helen S.
Board of Consultation
Higley Rd., Groton, Mass. 01450

Pittman, James A., Jr., *Medicine* '54
University of Alabama Medical Center
1919 7th Ave.
South Birmingham, Ala. 35233

Pitts, John D., *Surgery* '56
110 Lockwood St.
Providence, R.I. 02903

Placak, Joseph C., Jr., *Surgery* '36
Rt. #1, Box 96, Columbus, N.C. 28722

Plank, Charles R., *Neurology* '72
Neurological Institute
710 West 168th St.
New York, NY 10032

*Plate, Janet M.
Assistant in Immunology (Surgery)
M.G.H.

Platt, Melvin R., *Surgery* '70
12423 Quincy Lake
Dallas, Texas 75230

Platt, Orah S., *Children's* '75
104 Sewall Avenue
Brookline, Mass. 02146

*Platzer, William R.
2nd Year Resident in Anesthesia
M.G.H.

*Plotkin, Leonard H., *Children's* '56
Assistant in Pediatrics
123 Dwight Road
Longmeadow, Mass. 01106

Pohl, John F., *Orthopaedics* '34
78 South 9th St., Minneapolis, Minn. 55402

Pohl, Marc A., *Medicine* '71
Cleveland Clinic Foundation
9500 Euclid Avenue
Cleveland, Ohio 44106

*Pohost, Gerald M.
Clinical Assistant in Medicine
M.G.H.

*Point, W. Warren
Associate Physician
M.I.T.

*Poitras, James W.
Assistant Computer Scientist (Medicine)
M.G.H.

*Polansky, Symon C.
Board of Consultation
60 Washington St., Salem, Mass. 01970

*Poletti, Charles E., *Surgery* '67
Neurosurgery '74
Assistant in Neurosurgery
M.G.H.

Pollack, James A., *Children's* '71
716 Keenan Drive
Vestal, New York 13850

*Pollard, James J., *Radiology* '63
Clinical Associate in Radiology
M.G.H.

*Pollard, John T., Jr., *Radiology* '59
Clinical Associate in Radiology
236 Highland Avenue
Somerville, Mass. 02143

Pollard, Thomas D., *Medicine* '69
Anatomy Department
Harvard Medical School
25 Shattuck Street
Boston, Mass. 02115

*Pollen, Daniel A.
Associate Neurophysiologist, Neurosurgery
M.G.H.

*Pont, Allan
Clinical and Research Fellow in Medicine
M.G.H.

*Pontoppidan, Henning, *Anesthesia* '58
Anesthetist
M.G.H.

Popkin, Michael K., *Psychiatry* '73
901 North Tyrol Terrace
Golden Valley, Minn. 55427

Popper, Charles W., *Psychiatry* '73
Lab. of Clinical Science
NIMH
Bethesda, Md. 20014

*Porell, William J.
Clinical Assistant in Surgery
M.G.H.-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

Porter, Huntington, *Neurology* '46
N.E.M.C.H.

*Porter, Philip J., *Children's* '58
Pediatrician, Cambridge City Hospital
Cambridge, Mass. 02139

*Portoukalian, Jacques
Research Fellow in Biochemistry (Medicine)
M.G.H.

Porvaznik, John T., Jr., *Surgery* '62
Indian Hospital
Tuba City, Ariz. 86045

*Poskanzer, David C., *Neurology* '59
Associate Neurologist
M.G.H.

Poss, Robert I., *Orthopaedics* '69
R.B.B.H.

Post, Diana E., *Medicine* '75
R.B.B.H.

Post, Robert M., *Psychiatry* '70
National Institute of Health
Bethesda, Md. 20014

*Postel, Sholem
Assistant in Medicine
75 Mount Auburn St.
Cambridge, Mass. 02138

*Potsaid, Majic S., *Radiology* '57
Radiologist
M.G.H.

*Potter, Maxwell G.
Associate Psychiatrist
1419 Beacon St., Brookline, Mass. 02146

*Potts, John T., *Medicine* '59
Physician
M.G.H.

*Powell, Henry C.
Clinical and Research Fellow (Acting Resident) in Neuropathology (Pathology)
M.G.H.

*Powell, Robert O.
4th Year Resident in Surgery
M.G.H.

Powell, Sam M., Jr., *Children's* '47
Birmingham Medical Group
1500 6th Ave., South
Birmingham, Ala. 35205

*Powell, William J., Jr., *Medicine* '67
Assistant Physician
M.G.H.

*Powers, Eric R.
2nd Year Resident in Medicine
M.G.H.

*Pozatek, Zigmunt W., *Oral Surgery* '69
Clinical Associate in Oral Surgery
Driftway South Professional Building
56 Driftway Road
Scituate, Mass. 02066

Prather, George C., *Surgery* '25
11 Oakcliff Road
Wellesley Hills, Mass. 02181

Prensky, Arthur L., *Neurology* '61
500 S. Kingshighway
St. Louis, Mo. 63110

Prescott, Richmond, *Medicine* '63
3352 Washington Street
San Francisco, Calif. 94118

Prescott, William G., *Psychiatry* '71
4925 N.E. 57th St.
Portland, Ore. 97218

Preston, Edwin T., *Orthopaedics* '67
University of North Carolina Medical School, Chapel Hill, N.C. 27514

Price, Stuart E., Jr., *Surgery* '58
Urology '61
Medical Center East, Suite 570
Pittsburgh, Pa. 15206

*Prien, Edwin L., Jr.
Assistant in Medicine
M.G.H.

Primack, Marvin L., *Orthopaedics* '75
N.E.M.C.H.

*Pringle, Michael J.
Research Fellow in Anesthesia
M.G.H.

*Prior, Roderick E.
Clinical and Research Fellow in Medicine
M.G.H.

Probst, Jan-Henrik, *Children's* '57
Rigshospitalet, Copenhagen, Denmark

*Proffitt, Max R.
Assistant in Microbiology (Medicine)
M.G.H.

*Proppe, Karl H., *Pathology* '75
Assistant in Pathology
M.G.H.

*Prot-Wald, Janine
Clinical Fellow in Neurology
M.G.H.

*Prout, George R., Jr.
Chief of Urological Service
M.G.H.

Provan, John, *Dermatology* '75
534 North Palo Alto Avenue
Panama City, Fla. 32401

*Pruitt, Amy A., *Medicine* '76
1st Year Resident in Neurology
M.G.H.

Prus, Alphonse M., *Anesthesia* '61
Grace Hospital, Detroit, Mich. 48201

*Pryor, June W.
Clinical Associate in Medicine
North End Community Health Center
332 Hanover Street
Boston, Mass. 02113

*Pugh, Newell O., Jr.
2nd Year Resident in Radiation Medicine
M.G.H.

Pugliese, Michael M., *Dermatology* '73
98 Spring Road
Concord, Mass. 01742

Putnam, Henry M., *Medicine* '37
1025 High St., Dedham, Mass. 02026

Putnam, James J., *Children's* '20
30 School St., Foxboro, Mass. 02035

*Putschar, Walter G.J.
Consultant in Pathology
M.G.H.

Pyenson, Leslie R., *Medicine* '72
U.S. Army General Research Det.
APO New York, 09757

*Quaroni, Andrea
Research Fellow in Medicine
M.G.H.

Quarton, Gardner C., *Neurology* '47
Psychiatry '49
Box 63
Ann Arbor, Mich. 48107

*Quinby, John T., *Medicine* '41
Assistant Physician
M.G.H.

*Quinby, William C., Jr., *Surgery* '50
Associate Surgeon
M.G.H.

*Quindlen, Eugene A., *Surgery* '71
2nd Year Resident in Neurosurgery
M.G.H.

*Quinn, Ruth S.
Research Fellow in Medicine
M.G.H.

Quinn, Thomas J., Jr., *Anesthesia* '50
2217 Webster St.
San Francisco, Calif. 94115

*Raaf, John H.
4th Year Resident in Surgery
M.G.H.

*Rabe, Edward F.
Clinical Associate in Pediatrics
N.E.M.C.H.

Rabinowitz, Murray, *Medicine* '55
University of Chicago School of Medicine
Chicago, Ill. 60637

*Rabkin, Mitchell T., *Medicine* '62
Board of Consultation
General Director
B.I.H.

Radcliffe, Ernest J., *Orthopaedics* '25
833 Riviera St., Venice, Fla. 33595

Radin, Eric L., *Orthopaedics* '64
C.H.M.C.

*Rae, Donald B.
Clinical Associate in Oral Surgery
360 Handy Street
Attleboro, Mass. 02703

Raff, Martin C., *Neurology* '68
Zoology Department
University College London
London WCIE 6BT, England

Ragland, Stuart, Jr., *Medicine* '52
Smith Hill Rd., Colebrook, Conn. 06021

Ragsdale, Bruce D., *Pathology* '72
Univ. of Otago Medical School
Great King Street
Dunedin, New Zealand

*Raines, Jeffrey K.
Assistant Biophysicist (Surgery)
M.G.H.

*Raker, Edmond J.
2nd Year Resident in Surgery
M.G.H.

*Raker, John W., *Surgery* '49
Visiting Surgeon
M.G.H.

*Rakusanova, Tamara A.
Assistant in Microbiology (Medicine)
M.G.H.

*Ramirez, Lincoln F.
4th Year Resident in Neurosurgery
M.G.H.

Ramirez-Acosta, Javier A., *Anesthesia* '71
Independencia de Mexico 406
Aguascalientes, Mexico

Ramirez-Lassepas, Manuel, *Neurology* '71
Assistant Professor of Neurology
University of Minnesota
St. Paul-Ramsey Hospital
St. Paul, Minn. 55010

*Ramsey, Frederic M.
2nd Year Resident in Anesthesia
M.G.H.

*Ramsey, Paul G.
2nd Year Resident in Medicine
M.G.H.

Randall, Raymond V., *Medicine* '46
Mayo Clinic, Rochester, Minn. 55901

Randall, Russell E., Jr., *Medicine* '56
Medical College of Virginia, P.O. Box 102
Richmond, Va. 23219

Randolph, Judson G., *Surgery* '58
Children's Hospital
Washington, D.C. 20009

*Rao, R. Subba
Research Fellow in Surgery
M.G.H.

*Rapaport, Eliezer
Assistant Biochemist (Medicine)
M.G.H.

Raphling, David L., *Psychiatry* '69
522 Connecticut Ave., N.W.
Washington, D.C. 20015

Rasmussen, Jane S., *Children's* '55
525 Manor Rd., Wynnewood, Pa. 19096

Ratcliffe, John W., *Surgery* '46
101 South San Mateo Drive
San Mateo, Calif. 94401

*Ratnofsky, Steven F.
Assistant in Radiology
M.G.H.

*Rawdon, W. Kenner
Clinical Associate in Psychiatry
345 Harvard St., Suite 5A
Cambridge, Ma. 02138

Ray, Leon F., *Dermatology* '39
Medical Dental Building
Portland, Ore. 97205

*Re, Richard N., *Medicine* '71
Clinical Assistant in Medicine
M.G.H.

Rebello, Desire J.A., *Dermatology* '54
166 D. Naoroji Rd., Bombay, 50, India

*Record, Eugene E., *Neurosurgery* '37
Orthopaedics '41
Visiting Orthopaedic Surgeon
219 Fisher Avenue
Brookline, Mass. 02146

*Rectanus, Daniel R.
Clinical Associate in Pediatrics
75 Mt. Auburn St.
Cambridge, Mass. 02138

Reed, Carson R., Jr., *Orthopaedics* '36
2520 Line Ave., Shreveport, La. 71104

Reeves, Robert J., *Radiology* '26
Duke University Medical Center
Durham, N.C. 27706

Regier, Darrel A., *Psychiatry* '75
National Institute of Mental Health
5600 Fishers Lane, 18-C
Rockville, Md. 20852

Register, John F., *Orthopaedics* '36
1008 Professional Village
Greensboro, N.C. 27401

*Reid, Elizabeth A., *Medicine* '75
1st Year Resident in Neurology
M.G.H.

Reid, Elizabeth Aub, *Medicine* '52
30 Arlington St.
Cambridge, Mass. 02140

*Reidy, John A., *Orthopaedics* '39
Associate Orthopaedic Surgeon
3 Seaward Rd.
Wellesley Hills, Mass. 02181

Reilly, James J., Jr., *Surgery* '74
National Institutes of Health
Bethesda, Md. 20014

*Reilly, M. Kathleen
1st Year Resident (Intern) in Surgery
M.G.H.

*Reimann, Inge M.
Research Fellow in Orthopaedic Surgery
M.G.H.

*Reinherz, Ellis L.
1st Year Resident (Intern) in Medicine
M.G.H.

*Reiser, Stanley J.
Clinical Assistant in Medicine
M.G.H.

*Remensnyder, John P., Jr., *Surgery* '64
Associate Visiting Surgeon
Clinical Consultant, Blood Bank
M.G.H.

*Rendall, Edward S.
Clinical Associate in Medicine
M.I.T.

Renna, Francis S., *Dermatology* '74
Newton-Wellesley Hospital
Newton, Mass. 02162

*Renner, John A.
Associate Psychiatrist
M.G.H.

Replogle, Robert L., *Surgery* '65
University of Chicago Medical School
Chicago, Ill. 60637

*Reppert, Steven M.
3rd Year Resident (Intern) on
Children's Service
M.G.H.

*Rever, George W.
Assistant Psychiatrist
M.G.H.

Revercomb, Paul H., *Medicine* '33
311 Atlas Building
Charleston, W. Va 25301

Reyersbach, Gertrud C., *Children's* '45
330 Dartmouth St., Boston, Mass. 02116

Reynolds, George S., *Surgery* '24
Oblong Rd., Williamstown, Mass. 01267

*Reynolds, Stephen L., *Children's* '65
Assistant Pediatrician
L.M.H.C.

*Rhea, James T.
3rd Year Resident in Radiology
M.G.H.

Rhine, Mark, *Psychiatry* '68
Univ. of Colorado Medical Center
Department of Psychiatry
4200 E. 9th Ave., Denver, Colo. 80220

Rhinelander, Frederic W., *Surgery* '37
Orthopaedics '38
Cleveland Metropolitan General Hospital
Cleveland, Ohio 44109

*Rhodes, Arthur R.
1st Year Resident in Dermatology
M.G.H.

Rhodes, John S., *Urology* '35
6700 Leesville Road
Raleigh, N.C. 27612

*Rice, Jack O.
Associate Psychiatrist
One Emerson Place
Boston, Mass. 02114

*Rice, Richard C.
2nd Year Resident in Psychiatry
M.G.H.

Rich, James G., *Orthopaedics* '64
129 Eton Road
Longmeadow, Mass. 01106

*Rich, Tyvin A.
1st Year Resident in Radiation Medicine
M.G.H.

Richards, Robert S., *Radiology* '58
Salem Hospital, Salem, Mass. 01970

*Richards, Sarah J.
Assistant in Pediatrics
M.G.H.-Chelsea Health Center
111 Bellingham Street, Chelsea, Mass. 02150

*Richardson, Edward P., *Medicine* '43
Psychiatry '47
Neurologist; Neuropathologist
M.G.H.

*Richardson, George S., *Surgery* '54
Visiting Surgeon
M.G.H.

*Richardson, Walter P.
2nd Year Resident in Pathology
M.G.H.

Richardson, William R., *Surgery* '50
250 William Howard Taft Rd.
Cincinnati, Ohio 45219

*Richie, Robert H., Jr., *Children's* '57
Clinical Associate in Pediatrics
15 Story Street, Cambridge, Mass. 02138

*Richman, David P., *Neurology* '74
Clinical and Research Fellow in Neurology
M.G.H.

Richter, James J., *Anesthesia* '74
202 Stearns Hill Road
Waltham, Mass. 02154

Richter, Howard A., *Neurosurgery* '71
644 Hazelhurst Ave.
Merion, Pennsylvania 19066

Ricks, John E., *Medicine* '74
Apt. 710
4977 Battery Lane
Bethesda, Md. 20014

Ricks, William B., *Medicine* '72
315 Edgewood Road
Pittsburg, Penna. 15221

Riddle, David E., *Anesthesia* '69
3434 4th Ave., San Diego, Calif. 92103

Rider, Robert F., *Radiology* '70
20 Acacia Way, Santa Cruz, Calif. 95054

*Ridgway, E. Chester, *Medicine* '70
Assistant in Medicine
M.G.H.

Ridgway, Elizabeth W., *Children's* '72
802 Lane Drive
Cody, Wyoming 82414

*Rie, Michael A., *Anesthesia* '73
Assistant Anesthetist
Assistant in Medicine
M.G.H.

*Rieder, Sidney V.
Chief of Clinical Chemistry Laboratories
M.G.H.

Riege, David H., *Children's* '47
81 S. Main St., West Hartford, Conn. 06107

Riggs, Suzanne G., *Children's* '74
30 Pinckney Street
Boston, Mass. 02116

*Rimmer, John D.
Assistant in Mathematics (Psych.)
M.G.H.

*Rinaldo, Charles R.
Research Fellow in Medicine
M.G.H.

Ring, Ernest J., *Radiology* '74
United States Naval Hospital
Roosevelt Roads
Cieba, Puerto Rico

Ring, Robert III, *Radiology* '72
4305 Piedmont Mesa Drive
Claremont, Calif. 91711

*Rinkle, Roy D.
Clinical Assistant in Oral Surgery
M.G.H.-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

Risley, Thomas S., *Surgery* '47
Beverly Hospital, Beverly, Mass. 01915

Ritchie, Alexander C., *Pathology* '54
Department of Pathology, University of
Toronto, Toronto, Canada

*Robbins, Laurence L., *Radiology* '41
Radiologist
M.G.H.

*Robboy, Stanley J., *Pathology* '70
Assistant Pathologist
M.G.H.

*Roberson, Glenn H.
Associate Radiologist
M.G.H.

*Robert, Nicholas J.
1st Year Resident in Pathology
M.G.H.

*Roberts, Andrew B.
1st Year Resident (Intern) in Surgery
M.G.H.

Roberts, Charles D., *Medicine* '38
605 Palisade Ave.
Englewood Cliffs, N.J. 07632

*Roberts, James T., *Anesthesia* '73
Assistant Anesthetist
M.G.H.

*Robertson, Alan G., *Psychiatry* '75
Assistant in Psychiatry
M.G.H.

Robertson, Charles W., *Pathology* '42
Surgery '47
720 Harrison Ave.
Boston, Mass. 02118

*Robey, John S., *Children's* '56
Associate Pediatrician
M.G.H.

Robillard, Raymond L., *Neurology* '57
Edifice Banque Canadienne Nationnale
550 Place D'Armes, Suite 1610
Montreal (126) Quebec, Canada

Robins, Eli, *Psychiatry* '45
Washington University School of Medicine
St. Louis, Mo. 63110

*Robinson, Dwight R., *Surgery* '59
Medicine '61
Associate Physician
M.G.H.

Robinson, Edmond D., *Psychiatry* '75
44 Hanson Road
Newton Centre, Mass. 02159

*Robinson, John C., *Children's* '67
Pediatrician
M.G.H.

*Robinson, Michael J.
Clinical Associate on Children's Service
153 Powers Road
Sudbury, Mass. 01776

Robinson, William A., *Medicine* '64
4200 E. Ninth Ave., Denver, Colo. 80220

*Roblin, Richard O. III
Associate Biochemist (Medicine)
M.G.H.

*Rock, John, *Surgery* '29
Board of Consultation
Temple, N.H. 03084

*Rockoff, Mark A., *Children's* '75
1st Year Resident in Anesthesia
M.G.H.

Rodgers, Richard S., *Urology* '47
822 Marquette Ave.
Minneapolis, Minn. 55402

*Rodkey, Grant V., *Orthopaedics* '45
Surgery '50
Visiting Surgeon
Zero Emerson Place
Boston, Ma. 02114

Rodman, Charles A. II, *Surgery* '62
Anesthesia '63
2525 Losey Court
La Crosse, Wisconsin 54601

*Rodrigues, Janine T.
Assistant in Anesthesia
M.G.H.

Roe, Benson B., *Surgery* '50
University of California, M 488
San Francisco, Calif. 94143

*Roemer, Clifford E.
1st Year Resident in Radiology
M.G.H.

Rogentine, George N., Jr., *Medicine* '64
National Institutes of Health
Bethesda, Md. 20014

*Rogers, Horatio, *Surgery* '25
Board of Consultation
580 Osgood St.
North Andover, Mass. 01854

Rogers, Mark C., *Children's* '70
1904 Elmore
Louisville, Ky. 40216

Rogers, Orville F., *Medicine* '16
140 Ogden St., New Haven, Conn. 06511

*Rogers, William P., Jr.
Associate Visiting Surgeon
M.G.H.

Roizen, Nancy J., *Pediatrics* '73
479 Teresita Boulevard
San Francisco, Calif. 94127

*Rojas, Boris
Clinical and Research Fellow in Neurology
M.G.H.

Rolett, Ellis L., *Medicine* '60
Veterans Administration
Wadsworth Hospital Center
Los Angeles, Calif. 90073

*Romero, Jorge A.
1st Year Resident in Neurology
M.G.H.

Root, Richard K., *Medicine* '65
National Institutes of Health
Bethesda, Md. 20014

*Ropes, Marian W., *Medicine* '34
Senior Consulting Staff
M.G.H.

*Ropper, Allan H.
1st Year Resident in Neurology
M.G.H.

*Rosbrow, Susan R.
Assistant in Psychology (Psychiatry)
28 Garden Street
Cambridge, Mass. 02138

Rose, Augustus S., *Medicine* '34
UCLA Center for Health Science
Los Angeles, Calif. 90024

Rose, Morton H., *Medicine* '48
5804 Lenox Road
Bethesda, Md. 20034

Rose, Patrick F., *Children's* '59
3403 Hall St., Dallas, Texas 75225

*Rosen, Harvey M., *Surgery* '74
Clinical and Research Fellow in Surgery
M.G.H.

*Rosen, Neville
Clinical Associate in Anesthesia
Lawrence General Hospital
Lawrence, Mass. 01842

Rosen, Richard A., *Children's* '75
321 Taber Avenue
Providence, R.I. 02904

Rosen, Robert A., *Medicine* '74
National Heart and Lung Institute
Laboratory of Renal and Electrolyte Metabolism
Bethesda, Md. 20014

Rosen, Robert B., *Children's* '54
1500 E. Duarte Rd., Duarte, Calif. 91010

Rosen, Victor J., Jr., *Pathology* '59
3828 Hughes Avenue
Culver City, Calif. 90230

*Rosenbaum, Jerrold F.
2nd Year Resident in Psychiatry
M.G.H.

Rosenbaum, Milton, *Psychiatry* '39
Abraham Jacobi Hospital
Pelham Pkwy., South
East Chester Rd., Bronx, N.Y. 10461

*Rosenberg, Bruce M., *Children's* '66
Clinical Associate in Pediatrics
302 Washington St.
Gloucester, Mass. 01930

*Rosenberg, Earle H., *Dentistry* '60
Visiting Oral Surgeon
110 Francis St., Boston, Mass. 02215

Rosenberg, Irwin H., *Medicine* '61
University of Chicago Medical School
950 E. 59th St.
Chicago, Ill. 60637

Rosenberg, Mark L., *Medicine* '74
Enteric Disease Section
Bacterial Disease Division
Center for Disease Control
Atlanta, Georgia 30333

*Rosenberger, Peter B-B.
Associate Pediatrician
Associate Neurologist
W. E. Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Rosenblatt, Malcolm L.
Clinical Associate in Psychiatry
L.M.H.C.

*Rosenblatt, Michael, *Medicine* '75
Clinical and Research Fellow in Medicine
M.G.H.

Rosenblatt, Richard M., *Anesthesia* '75
UCLA
Los Angeles, Calif. 90024

Rosenkrantz, Jens G., *Surgery* '61
Children's Hospital at Los Angeles
4650 Sunset Blvd., Los Angeles, Calif. 90054

Rosenman, Leonard D., *Surgery* '49
2320 Sutter St., San Francisco, Calif. 94115

Rosenthal, Albert L., *Dermatology* '56
1100 W. State St., Trenton, N.J. 08618

*Rosenthal, Murray K., *Children's* '62
Assistant in Pediatrics
1 Salem St., Wakefield, Mass. 01880

Rosenthal, Susan N., *Medicine* '74
Medicine Branch
National Cancer Institute
Bethesda, Md. 20014

Roser, Steven M., *Oral Surgery* '71
1000 West Carson Street
Torrance, Calif. 90509

*Rosow, Carl E.
1st Year Resident in Anesthesia
M.G.H.

*Ross, Brian D.
Consultant in Medicine
M.G.H.

Ross, Jeffrey S., *Pathology* '73
Box 484
Moncreif Army Hospital
Fort Jackson, South Carolina 29207

*Ross, Margaret S.
2nd Year Resident on the
Children's Service
M.G.H.

*Ross, Ralph A.
Senior Consulting Staff
300 Mt. Auburn St., Suite 412,
Cambridge, Mass. 02138

Roth, James L. A., *Medicine* '45
Presbyterian-University of
Pennsylvania Medical Center
Philadelphia, Penna. 19104

Roth, Sanford I., *Pathology* '58
University of Arkansas Medical Center
Little Rock, Ark. 72201

Rothberg, Harvey D., Jr., *Medicine* '59
253 Witherspoon St.
Princeton, N.J. 08550

*Rothman, Jonathan S.
1st Year Resident in Psychiatry
M.G.H.

*Rothman, Kenneth
Consultant in Epidemiology
(Radiation Medicine)
H.S.P.H.

*Rothstein, Peter T.
2nd Year Resident in Anesthesia
M.G.H.

Rounds, Charles E., *Dentistry* '47
97 Columbian St.
South Weymouth, Mass. 02190

Rovit, Richard L., *Neurosurgery* '58
153 W. 11th St., New York, N.Y. 10011

*Rowe, Carter R., *Orthopaedics* '39
Senior Consulting Staff
M.G.H.

Rowe, John C., *Medicine* '57
Box 52
Angwin, Calif. 95408

Rowland, Christopher Van A., Jr., *Psychiatry* '62
P.B.B.H.

*Rubenstein, Joel J.
Clinical Assistant in Medicine
M.G.H.

*Rubin, Nina Tolkoff, *Medicine* '72
Associate Physician
M.G.H.

*Rubin, Robert H.
Assistant Physician
M.G.H.

*Rubin, Steven E.
Clinical and Research Fellow in Medicine
M.G.H.

Rubinstein, Jack H., *Children's* '55
University Affiliated Program for the
Mentally Retarded, 295 Erkenbrecher Ave.
Cincinnati, Ohio 45229

*Rubinstein, Joel F.
Assistant in Psychiatry
M.G.H.

*Ruboy, Jordon S., *Children's* '60
Assistant Pediatrician
Hillside Medical Park
W. Concord, Mass. 01742

Rudnick, Jeffrey P., *Radiology* '72
Emerson Hospital
Concord, Mass. 01742

Ruffin, Marshall deG., *Pathology* '40
5116 Rockwood Parkway, N.W.
Washington, D.C. 20016

Rukes, J. Max., *Medicine* '52
3905 Sacramento St.
San Francisco, Calif. 94118

Ruley, Henry B., *Neurosurgery* '39
Surgery '42
Medical Arts Bldg., Oak Ridge, Tenn. 37832

Runyon, Robert C., *Orthopaedics* '64
C.H.M.C.

Rushforth, David J., *Radiology* '73
Jordan Hospital
Plymouth, Mass. 02360

*Ruskin, Jeremy N.
Clinical Fellow in Medicine
M.G.H.

*Russell, Anthony H.
1st Year Resident in Radiation Medicine
M.G.H.

Russell, Henry N., Jr., *Children's* '39
4351 Chamberlain Dr.
Birmingham, Mich. 48011

*Russell, Paul S., *Surgery* '56
Visiting Surgeon
M.G.H.

*Russell, Robert G.
Clinical and Research Fellow in Medicine
M.G.H.

*Russem, Peter D.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

Russfield, Agnes B., *Pathology* '51
35 Binney St., Boston, Mass. 02115

*Rutan, James S.
Clinical Assistant in Psychology (Psychiatry)
M.G.H.

Rutherford, Robert N., *Surgery* '38
707 Broadway, Seattle, Wash. 98122

Rutherford, Rondall W., *Children's* '33
21 Herrick Rd.
Newton Centre, Mass. 02159

Rutledge, Robb H., *Surgery* '57
901 S. Lake St., Fort Worth, Texas 76104

*Rutlen, David L.
Clinical and Research Fellow in Medicine
M.G.H.

Rutman, Joel, *Children's* '64
330 Independence S.W.
Washington, D.C. 20201

*Rutstein, David D.
Consultant in Preventive Medicine
H.M.S.

Rutter, Thomas, *Surgery* '49
533 Windsor Street
Medford, Oregon 97501

Ryan, James J., *Surgery* '71
Dept. of Plastic Surgery
Johns Hopkins Hospital
Baltimore, Md. 21205

Ryan, James P., *Dentistry* '53
9 South Main St.
Mechanicville, N.Y. 12118

Ryan, John A., Jr., *Surgery* '74
Wilford Hall Medical Center
Lackland Air Force Base
San Antonio, Texas 78236

*Ryan, John F.
Anesthetist
M.G.H.

Ryan, Kenneth J., *Medicine* '54
Chief of Staff
B.H.W.

Ryan, Kevin G., *Medicine* '60
X-Ray, Woodland Clinic Medical Group
1207 Fairchild Court
Woodland, Calif. 95695

*Ryan, Russell L. R.
1st Year Resident (Intern) in Surgery
M.G.H.

Rymzo, Walter T., *Medicine* '75
Internists of Hyannis, Inc.
Yellow Brick Road
Hyannis, Mass. 02601

*Sachs, Benjamin
Clinical Associate in Pediatrics
B.H.H.C.

Sachs, David H., *Surgery* '70
N.I.A.M.D.
National Institutes of Health
Bethesda, Md. 20014

*Sacknoff, Eric, *Urology* '75
Clinical Fellow in Urology
M.G.H.

*Saef, Edward C.
Clinical Associate in Pediatrics
Hillside Medical Park, Baker Ave.
West Concord, Mass. 01742

*Safer, Paul K.
1st Year Resident (Intern) in Surgery
M.G.H.

Saffer, S. David, *Neurology* '70
73 St. Patrick Road, Houghton
Johannesburg, South Africa

*Sagar, Kiran B.
Clinical and Research
Fellow in Medicine
M.G.H.

*Sagar, Stephen M.
2nd Year Resident in Neurology
M.G.H.

Sahler, Otto DeP., *Radiology* '42
Mary Imogene Bassett Hospital
Cooperstown, N.Y. 13326

*Saide, Judith D.
Assistant in Biochemistry (Medicine)
M.G.H.

Saidi, Farrokh, *Surgery* '60
2 Koucheh Rezaieh Tajrish, Shemiran
Tehran, Iran

*St. Goar, Walter T., *Medicine* '52
Associate Physician
M.G.H.

*St. Onge, Richard A., *Orthopaedics* '75
Research Fellow in Orthopaedic Surgery
M.G.H.

*Salam, Maria V.Z.
Research Fellow in Neurology
M.G.H.

Salamanca, Juan J., *Anesthesia* '43
Calle 25A, No. 13A-35, Bogota, Colombia

*Salib, Philip I., *Orthopaedics* '64
Clinical Associate in Orthopaedic Surgery
One Hawthorne Place, Boston, Mass. 02114

Salisbury, Kent W., *Medicine* '70
Memorial Mission Hospital
509 Biltmore Avenue
Ashville, N.C. 28801

*Salvesen, Lawrence C.
Clinical Associate in Psychiatry
133 Salisbury Road
Brookline, Mass. 02146

*Salzman, Edwin W., *Surgery* '61
Board of Consultation
B.I.H.

Samiy, Hussein E., *Medicine* '61
Iran Avenue #5
Teheran, Iran

*Sammons, William A.
3rd Year Resident on the Children's Service
M.G.H.

Sampson, D. Alan, *Radiology* '37
100 Church Road
Ardmore, Penna. 19003

Sampson, John J., *Medicine* '23
25 Scenic Way, San Francisco, Calif. 94121

Sams, Bruce J., Jr., *Medicine* '58
2425 Geary Blvd.
San Francisco, Calif. 94115

*Samuels, David A., *Medicine* '75
Clinical and Research Fellow in Medicine
M.G.H.

*Samuels, Martin A., *Neurology* '74
Clinical and Research Fellow in
Neuropathology (Pathology)
M.G.H.

*Sanadi, D. Rao
Consultant in Medicine
Boston Biomedical Research Institute
20 Staniford Street, Boston, Mass. 02114

*Sanchez, Guillermo C., *Medicine* '51
Associate Physician
1 Hawthorne Pl., Boston, Mass. 02114

*Sanders, Charles A.
Physician
General Director
M.G.H.

Sanders, Jay H., *Medicine* '69
6700 S.W. 132nd St., Miami, Fla. 33156

Sanders, R. Wyman, *Children's* '61
1440 Veteran Ave., Apt 245
Los Angeles, Calif. 90024

*Sandhu, Hartej S.
Clinical Fellow in Psychiatry
5 Grimes Road
Lexington, Mass. 02173

Sandifer, Myron G., Jr., *Medicine* '49
University of Kentucky Medical Center
Lexington, Ky. 40506

*Sandler, Allan I., *Medicine* '58
Associate Physician
M.G.H.

*Sandstrom, Robert E.
2nd Year Resident in Pathology
M.G.H.

Santacruz, Abraham M., *Urology* '71
5 de Febrero 626-2, Mexico 13, D.F.

Santoro, Benjamin T., *Surgery* '62
1 Dover Rd., Dover, Mass. 02023

Saravia, Rafael, *Orthopaedics* '67
Calle 75A, #19-50, Bogota, Colombia

Sargent, Francis B., *Surgery* '20
124 Waterman St., Providence, R.I. 02906

*Sarno, Robert C.
Assistant in Radiology
M.G.H.

*Sarris, S. Peter
Clinical Associate, Surgery
56 Broad St., Lynn, Mass. 01902

Sasahara, Arthur A., *Medicine* '57
V.A.H. (W.R.)

Saslow, George, *Psychiatry* '43
Veterans Administration Hospital
Sepulveda, Calif. 91343

Satin, David G., *Psychiatry* '60
Boston University School of Medicine
720 Harrison Ave., Boston, Mass. 02118

*Satten, Neal R.
1st Year Resident (Intern) on
the Children's Service
M.G.H.

Saunders, Andrew P., *Surgery* '72
University Hospital of Cleveland
2065 Adelbert Road
Cleveland, Ohio 44106

Saunders, George M., *Surgery* '28
1200 S. Ocean Blvd.,
Boca Raton, Fla. 33432

Saunders, Gordon A., *Medicine* '37
94 Pleasant St., Arlington, Mass. 02174

*Savarese, John J.
Assistant Anesthetist
M.G.H.

Savodnik, Irwin, *Psychiatry* '75
3811 O'Hara Street
Pittsburgh, Pa. 15261

Sawyer, Carl S., *Dermatology* '43
184 Waterman St., Providence, R.I. 02906

*Sbokos, Costas G.
Research Fellow in Surgery
M.G.H.

*Scannell, J. Gordon, *Surgery* '46
Visiting Surgeon
M.G.H.

Scardino, Peter T., *Surgery* '73
National Institutes of Health
Bethesda, M.D. 20014

*Sceery, Robert T., *Children's* '53
Associate Pediatrician
89 Ripley Rd., Cohasset, Mass. 02025

Schaaf, Royal S., *Medicine* '48
Prudential Insurance Company of America
Prudential Plaza, Newark, N.J. 07102

*Schachar, Norman S.
Clinical and Research Fellow in Orthopaedic Surgery
M.G.H.

Schaeffer, Allen H., *Medicine* '75
Johns Hopkins School of Medicine
725 North Wolfe Street
Baltimore, Md. 21205

*Schaffer, Derace L.
3rd Year Resident in Radiology
M.G.H.

Schaner, Everett G., *Radiology* '75
Department of Radiology
National Institutes of Health
Building 10, Rockville Pike
Bethesda, Md. 20014

Schantz, Arthur S., *Pathology* '71
West Jersey Hospital, Eastern Division
Voorhees, N.J. 08043

*Schapiro, Robert H., *Medicine* '63
Associate Physician
Zero Emerson Pl., Boston, Mass. 02114

*Schatzki, Richard
Consulting Visiting Radiologist
1180 Beacon St., Brookline, Mass. 02146

Schatzki, Stefan C., *Radiology* '60
1180 Beacon St.
Brookline, Mass. 02146

Schauble, James F., *Anesthesia* '67
University Hospital of San Diego County
223 W. Dickenson St.
San Diego, Calif. 92103

Schecter, William P., *Anesthesia* '75
19 Griffith Lane
Huntington, N.Y. 11743

*Scheflan, Michael
4th Year Resident in Surgery
M.G.H.

*Scheinberg, Richard D.
1st Year Resident (Intern) in Surgery
M.G.H.

Schenk, Worthington G., Jr., *Surgery* '46
164 Doncaster Road
Kenmore, N.Y. 14217

*Scherer, Peter W.
Clinical and Research Fellow in Pathology
M.G.H.

*Scheuplein, Robert
Associate Physical Chemist, Dermatology
M.G.H.

Schiebler, Gerold L., *Children's '55, Medicine* '56
University of Florida College of Medicine
Gainesville, Fla. 32610

*Schiller, Alan L., *Pathology* '71
Assistant Pathologist
M.G.H.

*Schindelheim, Jonathan P.
1st Year Resident in Psychiatry
L.M.H.C.

*Schlesinger, David H.
Assistant in Biochemistry (Medicine)
M.G.H.

Schlessinger, Leslie D., *Medicine* '75
73 Sagamore Road
Millburn, N.J. 07041

*Schmid, Hermann A.
Clinical and Research Fellow
in Neuropathology (Neurology)
M.G.H.

Schmidek, Henry H.H., *Neurosurgery* '72
230 North Broad Street
Philadelphia, Pa. 19102

Schmidt, Robert A., *Anesthesia* '60
1205 Fairhaven Blvd.
Elm Grove, Wis. 53122

Schnabel, Truman G., Jr., *Medicine* '47
Philadelphia General Hospital
Philadelphia, Pa. 19104

Schneider, Benjamin, *Radiology* '47
19 Farfield Place, Cincinnati, Ohio 45202

*Schneider, Robert C., *Anesthesia* '75
Assistant in Anesthesia
M.G.H.

Schneiderman, R. Neal, *Dermatology* '58
712 N. Washington St.
Dallas, Texas 75246

Schnur, James A., *Neurology* '72
P.B.B.H.

Schoen, Edgar J., *Children's* '54
Kaiser Foundation Hospital
Oakland, Calif. 94611

*Schoenen, Jean M.
Research Fellow in Neurology
M.G.H.

Scholl, Albert J., *Surgery* '17
1536 Club View Drive
Los Angeles, Calif. 90024

*Schoolnik, Gary K.
3rd Year Resident in Medicine
M.G.H.

Schott, Chester F., *Pathology* '75
Bureau of Biologies
Federal Drug Administration
National Institutes of Health
Building 29A
Bethesda, Md. 20014

*Schreier, Herbert A.
Clinical Associate in Psychiatry
M.G.H.

Schuler, James D., *Children's* '39
1010 14th Ave., N.W.
Ardmore, Okla. 73401

Schulman, Joseph D., *Children's* '68
National Institutes of Health
Bethesda, Maryland 20014

*Schulz, Milford D.
Radiation Therapist
M.G.H.

Schuntermann, Peter P.E., *Children's* '62
Yale University, Child Study Center
New Haven, Conn. 06520

Schuster, Samuel R., *Surgery* '52
C.H.M.C.

*Schwartz, Daniel P.
Consultant in Psychiatry
M.G.H.

*Schwartz, Dennis E.
Assistant in Biochemistry (Medicine)
M.G.H.

Schwartz, Gabriel H., *Medicine* '66
New York Hospital, 523 E. 68th St.
New York, N.Y. 10021

*Schwartz, Gary E.
Assistant Psychologist in the Dept. of Psychiatry
L.M.H.C.

*Schwartz, Harry C., *Oral Surgery* '74
2nd Year Resident in Surgery
M.G.H.

*Schwartz, Jonathan M.
2nd Year Resident in Anesthesia
M.G.H.

*Schwartz, Joseph E.
Assistant Psychiatrist
M.G.H.

Scolnick, Edward M., *Medicine* '67
National Institutes of Health
Bethesda, Md. 20014

Scott, H. Denman, *Medicine* '71
51 Church Street
Bristol, R.I. 02809

*Scott, Gregory E.
2nd Year Resident in Surgery
M.G.H.

*Scott, Jesse F.
Biologist (Medicine)
M.G.H.

*Scott, Mary D., *Pediatrics* '73
Assistant in Pediatrics
M.G.H.

Scott, Murray W., Jr., *Surgery* '45
Cleve-Tusc Bldg.
Canton, Ohio 44702

Scott, R. Michael, *Neurosurgery* '73
N.E.M.C.H.

Scott, Richard D., *Surgery* '69
Orthopaedic Surgery '74
R.B.B.H. and C.H.M.C.

Scott, Thornton, *Medicine* '39
1517 Nicholasville Rd.
Lexington, Ky. 40503

*Scott, William C. II
2nd Year Resident in Surgery
M.G.H.

Scruggs, Karen L., *Children's* '75
Washington University Medical Center
660 South Euclid Avenue
St. Louis, Mo. 63110

*Scully, Robert E.
Pathologist
M.G.H.

Seals, John R., *Neurology* '70
Pediatric Neurology
University of Texas Medical School
San Antonio, Texas 78284

*Seaman, William E., *Medicine* '75
Clinical and Research Fellow in Medicine
M.G.H.

Sears, John B., *Surgery* '29
790 Boylston Street
Boston, Mass. 02119

*Sedlacek, Robert S.
Assistant in Biology in Radiation Medicine
M.G.H.

Seebacher, Jurgen, *Anesthesia* '75
1556 Shore Club Drive
St. Claire Shores, Mo. 48080

Seed, John C., *Medicine* '46
40 Graham Rd., Scarsdale, N.Y. 10583

Seeley, Clinton B., *Radiology* '60
358 N. Main St., Andover, Mass. 01811

*Seeman, Robert G.
Clinical and Research Fellow in Pediatrics
M.G.H.

*Segre, Gino V.
Assistant Physician
M.G.H.

Seigle, Stewart P., *Medicine* '46
85 Jefferson St., Hartford, Conn. 06103

Seiler, Rolf W., *Neurology* '73
Florastr. 9, 9230 Flawil
Switzerland

*Seinsheimer, Frank III
2nd Year Resident in Orthopaedic Surgery
M.G.H.

*Seldin, Edward B., *Oral Surgery* '72
Assistant in Oral Surgery
Consultant in Radiation Medicine
M.G.H.

*Selinger, Samuel L.
5th Year Resident in Surgery
M.G.H.

Sell, Stewart, *Pathology* '62
Univ. California, San Diego Medical School
La Jolla, California 92037

Sellers, Edward M., *Medicine* '72
Addiction Research Foundation
33 Russell Street, Toronto
Ontario, Canada M5S2S1

Seltzer, Ronald A., *Radiology* '66
Sequoia Hospital
Redwood City, Calif. 94062

Selverstone, Bertram, *Neurosurgery* '47
N.E.M.C.H.

*Selwyn, Adrian S.
Clinical Associate in Anesthesia
M.G.H.

Senghas, Richard E., *Orthopaedics* '61
40 Evergreen St.
Framingham, Mass. 01701

*Senior, Boris, *Children's* '50
Clinical Associate in Pediatrics
N.E.M.C.H.

Severson, Larry J., *Radiology* '71
3189 Diamond Head Road
Honolulu, Hawaii 96815

Sewall, Warren, *Radiation Medicine* '73
Crozer-Chester Medical Center
Chester, Penna. 19013

Sewell, Jack B., *Radiology* '73
Sarasota Memorial Hospital
1901 Arlington Street
Sarasota, Fla. 33579

*Shaban, Mohammed Abd
Assistant Biochemist in Medicine
M.G.H.

*Shackleton, Bruce W.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Shafer, Linda C.
2nd Year Resident in Psychiatry
M.G.H.

Shaffer, Frederick G., *Urology* '55
Surgery '56
1343 Locust Ave.
Fairmont, W. Va. 26554

Shaffer, Hubert A., *Radiology* '32
Monongalia General Hospital
Morgantown, W. Va. 26504

*Shahani, Bhagwan T.
Assistant Neurologist
M.G.H.

*Shahian, David M.
3rd Year Resident in Surgery
M.G.H.

*Shahrokhi, Fereydoun
Clinical and Research Fellow in Neurology
M.G.H.

*Shale, John H.
1st Year Resident in Psychiatry
M.G.H.

*Shama, Steven K.
Clinical Fellow (Acting 2nd Year
Resident) in Dermatology
M.G.H.

*Shamberger, Robert C.
1st Year Resident (Intern) in Surgery
M.G.H.

Shamsey, Robert J., *Pediatrics* '73
355 South Shore Drive
Sarasota, Fl. 33580

*Shannon, Daniel C., *Children's* '65
Pediatrician
M.G.H.

Shannon, James G., *Orthopaedics* '31
1414 Drummond Medical Bldg.
Montreal, Canada

*Shannon, James M., *Surgery* '54
Clinical Associate in Surgery
79 Highland Ave., Salem, Mass. 01970

*Shapiro, Stuart H., *Radiology* '75
Clinical Associate in Radiology
P.B.B.H.

*Sharp, Geoffrey W.G.
Associate Biologist (Medicine)
M.G.H.

*Shastri, Kamini
Research Fellow in Medicine
M.G.H.

Shaw, Edward B., *Children's* '24
University of California School of
Medicine, San Francisco, Calif. 94143

Shaw, John L., *Surgery* '35, *Urology* '37
899 Madison Ave., Memphis, Tenn. 38103

*Shaw, Lein-Chua
Clinical and Research Fellow in Anesthesia
M.G.H.

Shaw, Joseph L., *Orthopaedics* '66
2475 Pacific Ave.
San Francisco, Calif. 95126

*Shay, Jonathan
Assistant in Neuropathology
(Neurosurgery)
M.G.H.

Shea, Cornelius J., *Surgery* '43
2100 Dorchester Ave.
Boston, Mass. 02124

*Shea, Thomas E., *Radiology* '67
Clinical Associate in Radiology
Beverly Hospital, Beverly, Mass. 01915

Sheagren, John N., *Medicine* '64
13313 Glen Mill Rd., Rockville, Md. 20850

Shean, Frederic C., *Medicine* '70
5341 Linda Way, La Jolla, Calif. 92037

*Sheehan, David V., *Psychiatry* '75
Clinical Assistant in Psychiatry
M.G.H.

*Sheffer, Albert L.
Clinical Associate in Pediatrics
110 Francis Street
Boston, Mass. 02215

Sheldon, Charles P., *Surgery* '31
Box 113 Georgetown
Putnam County, Florida 32039

Sheldon, David B., *Surgery* '55
459 W. Line St., Bishop, Calif. 93514

*Shelton, William R.
Assistant in Psychiatry
575 Mt. Auburn St.
Cambridge. Mass. 02138

*Shershow, John C.
Assistant Psychiatrist
M.G.H.

Sherwood, Geoffrey K., *Medicine* '73
Duke Univ. Medical Center
Durham, N.C. 27710

Shields, Lawrence T., *Orthopaedics* '68
P.B.B.H.

*Shih, Vivian
Assistant Neurologist
M.G.H.

Shine, Kenneth I., *Medicine* '66
2437 Westridge Road
Los Angeles, Calif. 90049

Ship, Irwin I., *Dentistry* '57
Philadelphia General Hospital
Philadelphia, Pa. 19104

Shipley, Margaret S., *Medicine* '43
1109 Sunset Blvd.
North Canton, Ohio 44720

*Shipley, William U., *Surgery* '71
Assistant Radiation Therapist in
Radiation Medicine
M.G.H.

Shirley, J. Newton, *Surgery* '18
Chestnut St.
South Duxbury, Mass. 02374

*Shklar, Gerald
Consultant in Oral Pathology
(Oral Surgery)
H.S.D.M.

Shoaps, Keith B., *Anesthesia* '75
Lawrence General Hospital
1 General Street
Lawrence, Mass. 01842

*Shore, Neil S.
Clinical Associate in Medicine
M.G.H.

Shorey, William D., *Surgery* '50
1442 North Astor St.
Chicago, Ill. 60610

*Short, Charles L., *Medicine* '33
Senior Consulting Staff
264 Beacon St., Boston, Mass. 02116

*Shortsleeve, Michael J.
3rd Year Resident in Radiology
M.G.H.

*Shoyama, Yukihiro
Research Fellow in Neurology
M.G.H.

Shugar, Joseph L., *Orthopaedics* '50
Jewish General Hospital
Montreal, Quebec, Canada

Shulman, Leonard A., *Pediatrics* '73
4201 Torrance Blvd.
Torrance, Calif. 90503

*Shulman, Leonard B., *Dental Medicine* '62
Clinical Associate in Oral Surgery
976 Main St., Waltham, Mass. 02154

Shurtleff, David B., *Children's* '57
University of Washington School of
Medicine, Seattle, Wash. 98105

Shuter, Eli R., *Neurology* '62
St. Louis University
1221 South Grand Blvd.
St. Louis, Missouri 63104

*Sicard, Raymond E.
Research Fellow in Pediatrics
M.G.H.

*Sidman, Murray
Psychologist, Neurology
Fernald State School
Waltham, Mass. 02154

Sidman, Richard L., *Neurology* '56
40 Harvard Avenue
Brookline, Mass. 02146

*Siedlecki, Jerzy B.
Clinical Fellow in Anesthesia
M.G.H.

*Siegel, Mark
2nd Year Resident in Anesthesia
M.G.H.

*Sifneos, Peter E., *Psychiatry* '52
Psychiatrist
B.I.H.

*Sigelman, David R.
3rd Year Resident on Children's Service
M.G.H.

*Silber, G. Gershon
3rd Year Resident in Psychiatry
M.G.H.

Silbermann, Neil N., *Pathology* '75
M.E.E.I.

*Silobricic, Vlatko
Visiting Fellow in Radiation Medicine
M.G.H.

*Silver, Donald M.
Research Fellow in Surgery
M.G.H.

*Silver, Marcia R.
2nd Year Resident in Medicine
M.G.H.

*Silverberg, Elizabeth L.
Clinical and Research Fellow in Psychology (Psychiatry)
M.G.H.

*Silverman, Samuel
Associate Psychiatrist
106 Jordan Road
Brookline, Mass. 02146

*Silverstein, Peter R.
3rd Year Resident in Anesthesia
M.G.H.

Silverstein, Samuel C., *Medicine* '68
Dept. of Immunology, Rockefeller University, York Ave. & 66th Street
New York, N.Y. 10021

*Simeone, Fiorindo A., *Surgery* '40
Board of Consultation
The Miriam Hospital, 104 Summit Ave.
Providence, R.I. 02906

*Simmons, Alvin J.
Associate Psychologist (Psychiatry)
Director of Health
Municipal Building, City Hall
New Bedford, Mass. 02740

Simmons, Barry P., *Orthopaedic Surgery* '73
280 Quinobequin Road
Waban, Mass. 02168

*Simmons, David P., *Orthopaedic*
Clinical Associate in Orthopaedic Surgery
412 Beacon St.
Boston, Ma. 02116

*Simmons, Jeffrey L.
2nd Year Resident in Psychiatry
M.G.H.

Simon, Harold, *Radiology* '61
111 Hammondswood Rd.
Chestnut Hill, Mass. 02167

*Simon, Harvey B., *Medicine* '69
Assistant Physician
M.G.H.

Simon, Royal L., *Orthopaedics* '32
2816 NE 37th Court
Fort Lauderdale, Fla. 33308

Simon, Sheldon, *Orthopaedics* '70
C.H.M.C.

Simone, Andrew A., *Dermatology* '68
444 Delaware Ave.
Toronto, 4, Ontario, Canada

*Simons, Laurence A.
Clinical Associate in Anesthesia
7 Barnsley Road
Lynnfield, Mass. 01940

Simpson, Paul C., Jr., *Medicine* '72
Clinical Fellow in Medicine
M.G.H.

Sinclair, Edmond B., *Children's* '40
176 Evergreen St.
Providence, R.I. 02906

Sinclair, Stephen H., *Surgery* '74
M.E.E.I.

*Siner, Myron
Clinical Associate in Pediatrics
3 Seaward Rd., Wellesley Hills, Mass. 02181

*Sinesi, Sabino J.
Clinical Associate, Dermatology
M.G.H.

Singer, Kenneth M., *Orthopaedic Surgery* '72
750 East 11th Ave.
Eugene, Oregon 97401

*Singh, Inderjit
Research Fellow in Neurology
W. E. Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

Singh, Madan M., *Medicine* '56
Institute of Medical Science
New Delhi, India

Singleton, John W., *Medicine* '62
University of Colorado Medical Center
Denver, Colo. 80220

Siperstein, Marvin D., *Medicine* '55
Veterans Administration Hospital
4150 Clement
San Francisco, Calif. 94121

*Sirota, Ronald L.
2nd Year Resident in Pathology
M.G.H.

*Sisson, John H.
Assistant Physician
One Hawthorne Pl., Boston, Mass. 02114

*Sites, Vincent R., *Radiology* '74
Clinical Associate in Radiology
Suburban Radiological Associates
16 Clarke Street
Lexington, Mass. 02173

Skinner, Alfred L., Jr., *Children's* '53
3626 78th Ave., S.E.
Mercer Island, Wash. 98040

Skinner, Donald G., *Surgery* '65, *Urology* '71
321-24th St., Santa Monica, Calif. 90402

Skinner, James C., *Psychiatry* '48
B.U.H.

Skinner, Mary D., *Dermatology* '69
N.E.M.C.H.

Skoblar, Richard S., *Radiology* '75
Akron General Medical Center
400 Wabash Avenue
Akron, Ohio 44307

*Slate, Jerome L.
Clinical and Research Fellow in Medicine
M.G.H.

Slater, Barbara L., *Anesthesia* '68
38 Cremorne Road
Cremorne Point
Sydney, N.S.W., Australia

*Slater, Eliot M., *Anesthesia* '60
Clinical Associate in Anesthesia
60 Lewis Road
Swampscott, Mass. 01907

*Slater, Eve E.
Chief Resident in Medicine
M.G.H.

*Sledge, Clement B., *Orthopaedics* '62
Board of Consultation
R.B.B.H.

*Sleeper, Edward L.
Clinical Associate, Oral Surgery
68 Leonard Street, Belmont, Mass. 02178

Sloane, Robert B., *Psychiatry* '53
USC School of Medicine
1934 Hospital Place
Los Angeles, Calif. 90033

*Sloane, Robert E.
Clinical Associate in Surgery
Lynn Hospital
Lynn, Mass. 01904

Sloane, Robert W., Jr., *Surgery* '75
800 South 8th Avenue
Suite 318
Fort Worth, Texas 76104

*Slocum, Harvey C., Jr.
2nd Year Resident in Anesthesia
M.G.H.

*Slovik, David M., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

*Slovik, Lois S., *Pediatrics* '74
2nd Year Resident in Psychiatry
M.G.H.

*Smead, William L., *Surgery* '75
Clinical and Research Fellow in Surgery
Wessex Regional Cardiac and Thoracic Center
Southampton Western Hospital
Oakley Road, Southampton, England 509 HWQ

*Smedley, Lois M.
Clinical Associate, Pediatrics
Truesdale Hospital
Fall River, Mass. 02722

Smillie, John W., *Surgery* '45
326 N. Ingalls St.
Ann Arbor, Mich. 48104

*Smith, Barry H.
1st Year Resident in Neurosurgery
Neurosciences Research Program
Brookline, Mass. 02146

*Smith, Bruce M.
3rd Year Resident in Surgery
M.G.H.

Smith, Charles M., *Orthopaedics* '68
36 S. El Camino #303
San Mateo, Calif. 94401

Smith, Curtis E., *Medicine* '19, *Surgery* '21
490 Post St., San Francisco, Calif. 94102

Smith, Daniel H., *Surgery* '75
Women's Hospital
Room L1009, 1240 North Mission Road
Los Angeles, Calif. 90033

Smith, Edward T., *Orthopaedics* '37
6410 Fannin St., Houston, Texas 77025

*Smith, Gene M.
Psychologist, Anesthesia
Psychologist, Psychiatry
M.G.H.

*Smith, Gerald N., Jr.
Assistant in Biology (Medicine)
M.G.H.

Smith, Howard W., *Dentistry* '46
100 York St., New Haven, Conn. 06511

*Smith, James C.
Assistant in Radiology
M.G.H.

*Smith, Joseph A.
2nd Year Resident in Orthopaedic Surgery
M.G.H.

*Smith, Judson A.
Board of Consultation
624 Dedham St.
Newton Centre, Mass. 02159

Smith, Lloyd H., Jr., *Medicine* '56
University of California Hospitals
San Francisco, Calif. 94122

Smith, Marion L., *Anesthesia* '51
Mid-State Medical Center
Nashville, Tenn. 37203

Smith, N. Ty, *Anesthesia* '60
Univ. Hospital, 225 W. Dickenson St.
San Diego, Calif. 92103

Smith, Raphael F., *Medicine* '65
Vanderbilt University School of Medicine
Nashville, Tenn. 37203

Smith, R. Graham, *Medicine* '69
National Cancer Institute
Bethesda, Md. 20014

Smith, Richard H., *Psychiatry* '58
Children's Psychiatric Ctr., Inc.
59 Broad Street
Eatontown, N.J. 07724

*Smith, Richard J.
Visiting Orthopaedic Surgeon
M.G.H.

Smith, Richard M., *Medicine* '09
401 Beacon St., Boston, Mass. 02115

Smith, Robert P., *Medicine* '43
300 Old Sachem's Head Road
Guilford, Conn. 06437

Smith, Robert S., *Pathology* '73
625 University Avenue
Coral Gables, Florida 33134

*Smith, Thomas W., *Medicine* '67
Assistant Physician
P.B.B.H.

*Smith, Thomas William
1st Year Resident in Radiology
M.G.H.

Smith, W. Pierce, *Medicine* '56
Henry Ford Hospital
Detroit, Mich. 48202

Smitherman, Thomas C., *Medicine* '69
Dallas V.A. Hospital
4500 So. Lancaster Road
Dallas, Texas 75216

*Smithwick, Reginald H., *Surgery* '28
Board of Consultation
151 Beacon Lane
Jupiter, Fla. 33458

*Snapper, James R.
2nd Year Resident in Medicine
M.G.H.

Sneddon, Ernest A., *Anesthesia* '54
Beverly Hospital, Beverly, Mass. 01915

*Snider, Michael T.
Assistant in Anesthesia
M.G.H.

*Sniderman, Kenneth W.
Clinical Fellow in Radiology
M.G.H.

Snodgrass, Samuel R., *Medicine* '67
C.H.M.C.

*Snyder, Benson R.
Board of Consultation (Psychiatry)
M.I.T.

Snyder, John C., *Medicine* '39
H.S.P.H.

Snyder, Monica H., *Anesthesia* '35
121 Whipple Rd., Kittery, Me. 03904

Snyder, William H., Jr., *Surgery* '35
121 Whipple Rd., Kittery, Me. 03904

*Sobel, Harry J.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Sobel, Michael V.
Clinical Associate in Medicine
M.G.H.

*Sober, Arthur J., *Dermatology* '74
Assistant Dermatologist
M.G.H.

Sober, Stanley, *Orthopaedics* '53
452 Victoria St.
London, Ontario, N5Y 4A9, Canada

*Soeters, Peter B.
Clinical Fellow in Surgery
M.G.H.

*Sohier, W. Davies, Jr., *Medicine* '51
Associate Physician
One Hawthorne Pl., Boston, Mass. 02114

Soholt, Stanley T., *Orthopaedics* '51
2950 Whipple Ave.
Redwood City, Calif. 94062

*Sokol, Gerald H.
3rd Year Resident in Radiation Medicine
M.G.H.

*Solis, Oscar J.
2nd Year Resident in Radiology
M.G.H.

*Solomon, Earl G.
Clinical Associate in Psychiatry
M.G.H.

*Solomon, Harry C.
Board of Consultation
55 Lochstead Avenue
Jamaica Plain, Mass. 02130

Solomon, James, *Neurology* '44
11600 Wilshire Blvd.
Los Angeles, Calif. 90025

*Soloway, Albert H.
Consultant in Chemistry, Neurosurgery
4 Cochituate Road
Newton Highlands, Mass. 02161

*Sonn, Miriam R.
Assistant in Sociology (Psychiatry)
M.G.H.

*Soper, William D.
Research Fellow in Surgery
M.G.H.

Sosa, Dagoberto, *Neurosurgery* '59
11 Calle 2037, Zone 1
Guatemala City, Guatemala

Sosman, John L., *Radiology* '52
R.B.B.H.

*Soter, Nicholas A., *Dermatology* '69
Clinical Associate in Dermatology
R.B.B.H.

*Souder, Daniel E.
Associate Computer Scientist (Medicine)
M.G.H.

Soule, A. Bradley, Jr., *Radiology* '32
Mary Fletcher Hospital
Burlington, Vt. 05401

Southmayd, William W., *Surgery* '70
New England Baptist Hospital
91 Parker Hill Avenue
Boston, Mass. 02111

*Southwick, Frederick S.
3rd Year Resident in Medicine
M.G.H.

*Soutter, Lamar, *Surgery* '41
Board of Consultation
680 Sudbury Road, Concord, Mass. 01742

Sox, Harold C., Jr., *Medicine* '68
Department of Medicine
Stanford University School of Medicine
Stanford, Calif. 94305

Soyke, Lester F., *Children's* '63
Dept. of Pharmacology, U. of Vermont
Burlington, Vt. 05401

Spalding, Robert, *Psychiatry* (McL) '60
1020 E. 3rd St., Chattanooga, Tenn. 37403

Spangler, Paul E., *Surgery* '25
3107 Flora St.
San Luis Obispo, Calif. 93401

Spann, James F., Jr., *Medicine* '63
Temple University Health Sciences Center
3400 North Broad Street
Philadelphia, Pa. 19140

Sparling, P. Frederick, *Medicine* '64
University of North Carolina Medical
School, Chapel Hill, N.C. 27514

*Speare, George S., *Surgery* '27
Board of Consultation
26 Brackett Road
Newton, Mass. 02158

*Spellman, John W., *Surgery* '26
Board of Consultation
23 Fairgreen Place
Chestnut Hill, Mass. 02167

Spence, Harry M., *Surgery* '32, *Urology* '34
4105 Live Oak St., Dallas, Texas 75221

*Spence, Richard J.
Clinical Assistant, Oral Surgery
Fernald State School
Waltham, Mass. 02154

Spencer, Jack, *Radiology* '34
18 Brenton Wood Avenue
Barrington, R.I. 02806

Spencer, Richard E., *Anesthesia* '51
Moses H. Cone Memorial Hospital
Greensboro, N.C. 27402

Sphire, Raymond D., *Anesthesia* '55
Detroit Memorial Hospital
1420 St. Antoine, Detroit, Mich. 48226

Spiegel, Allen M., *Medicine* '73
c/o Dr. G. Aurbach
Mineral Metabolism Branch
MIAMD, Bethesda, Md. 20014

Splithoff, Clarence A., *Orthopaedics* '42
485 34th St., Oakland, Calif. 94609

*Sprince, Nancy L.
Clinical and Research Fellow in Medicine
M.G.H.

*Squire, Lucy F., *Radiology* '44
Consultant in Radiology
State University of New York
450 Clarkson Avenue
Brooklyn, N.Y. 11203

*Squires, Homer J.
Assistant Podiatrist, Orthopaedic Surgery
145 Tremont St., Boston, Mass. 02111

*Sreter, Frank A.
Associate Biochemist (Neurology)
20 Staniford Street
Boston, Mass. 02114

*Stachiewicz, Danuta M.
Associate Psychiatrist
M.G.H.

Stadecker, Miguel J., *Pathology* '71
Dept. of Pathology
H.M.S.

*Stakes, John W. III
2nd Year Resident in Medicine
M.G.H.

*Stanbury, John B., *Medicine* '48
Board of Consultation
M.I.T.

*Stanski, Donald R.
2nd Year Resident in Anesthesia
M.G.H.

*Stanton, Alfred H.
Psychiatrist
McL.

Staples, O. Sherwin, Jr., *Orthopaedics* '38
Hitchcock Clinic, Hanover, N.H. 03755

Starke, Rodman D., *Medicine* '60
45 Castro Street, Suite 302
San Francisco, Calif. 94114

*Starobin, Oscar E., *Medicine* '56
Clinical Associate, Medicine
130 Lincoln Street
Worcester, Mass. 01605

Starr, Isaac, *Medicine* '22
University of Pennsylvania School of
Medicine, Philadelphia, Pa. 19104

States, John D., *Orthopaedics* '55
15 Prince St.,
Rochester, N.Y. 14607

*Staub, Edward M.
Clinical Fellow in Orthopaedic Surgery
M.G.H.

Stead, Nancy W., *Medicine* '72
B.I.H.

Steele, Byron W., Jr., *Surgery* '52
514 Warren Professor Bldg.
6465 South Yale St., Tulsa, Okla. 74135

Steele, Robert E., Jr., *Orthopaedic Surgery* '71
560 N.W. Tyler, Corvallis, Oregon 97330

*Steeves, Philip E.
3rd Year Resident in Radiology
M.G.H.

Steinbaum, Lola S., *Medicine* '72
143 Almendral
Atherton, Calif. 94025

Steinberg, Gerald G., *Orthopaedics* '75
74 Oxford Street
Cambridge, Mass. 02138

*Steinberg, Robert S., *Orthopaedic Surgery* '74
Clinical Associate in Orthopaedic Surgery
M.G.H.

Steiner, Robert W., *Medicine* '74
Harrington Hospital
Southbridge, Mass. 01550

Steinman, Ralph M., *Medicine* '70
Rockefeller Univ., New York, N.Y. 10021

*Stempien, J. Henry, *Dental Medicine* '61
Visiting Oral Surgeon
332 Washington St.
Wellesley Hills, Mass. 02181

*Stene, John K., Jr.
2nd Year Resident in Anesthesia
M.G.H.

Stenger, Richard J., *Pathology* '58
Director of Pathology and Laboratories
Beth Israel Medical Center
10 Nathan D. Perlman Place
New York, N.Y. 10003

*Stephens, Duane D.
3rd Year Resident in Medicine
M.G.H.

Stephens, William A., *Orthopaedics* '43
Rt. 3 Box 250, Chesterfield, Mo. 63017

*Stephens, Willie L.
Chief Resident in Oral Surgery
M.G.H.

*Stephenson, Mary L.
Assistant Biochemist, Medicine
M.G.H.

Stern, Newton S., *Medicine* '17
910 Madison Ave., Memphis, Tenn. 38103

*Stern, Peter J.
2nd Year Resident in Orthopaedic Surgery
M.G.H.

Stern, Robert S., *Dermatology* '74
Clinical Fellow in Dermatology
M.G.H.

*Sternberg, Marc E.
1st Year Resident (Intern) in Pathology
M.G.H.

Stetson, John B., *Anesthesia* '53
19 Enfield Drive
Pittsford, N.Y. 14534

Stetson, Richard P., *Medicine* '28
V.A. Hospital (OOB)
150 So. Huntington Ave.
Boston, Mass. 02130

Stevens, Harold W., *Children's* '14
Medicine '16
369 Ferry Rd., Saco, Maine 04072

Stewart, David R., *Surgery* '71
Primary Children's Hospital
320 12th Avenue
Salt Lake City, Utah 84103

Stewart, James M., *Medicine* '46
344 West Ave., Rochester, N.Y. 14611

Stewart, John E., *Orthopaedics* '47
1120 Cherry St., Seattle, Wash. 98104

Stewart, Michael M., *Medicine* '69
c/o Rockefeller Foundation
G.P.O. 2453, Bangkok, Thailand

*Stewart, Rege S., *Psychiatry* '75
Clinical Assistant in Psychiatry
B.H.H.C.

*Stewart, Robert M., *Neurology* '74
Research Fellow in Psychiatry
M.G.H.

Stewart, Steele F., *Orthopaedics* '21
45090 Namoku Street
Kaneohe, Hawaii 96744

*Stewart, Thomas D., *Psychiatry* '72
Clinical Associate in Psychiatry
V.A.H. (W.R.)

Stewart, William G., Jr., *Surgery* '61
The Bryn Mawr Hospital
Byrn Mawr, Pa. 19010

Stiefel, Daniel M., *Orthopaedics* '23
1553 Woodward Ave., Detroit, Mich. 38226

Stiff, Donald W.S., *Radiology* '50
480 Monterey Ave., Los Gatos, Calif. 95030

Stifler, Richard B., *Psychiatry* '74
23 Belair Road
Wellesley, Mass. 02181

Stiles, Claire M., *Anesthesia* '62
Rancho Los Amigos Hospital
7601 East Imperial Highway
Downey, Calif. 90242

Stinchfield, Alan J., *Orthopaedics* '49
16 E. Chestnut St., Augusta, Maine 04332

*Stock, Joseph R.
1st Year Resident in Radiology
M.G.H.

*Stockman, Mark B.
Clinical and Research Fellow in Medicine
M.G.H.

Stocks, Joseph F., *Children's* '61
R.F.D. #1 Trudy Rd.
Cape Elizabeth, Maine 04107

Stoddard, James K., *Medicine* '17
Foulkeway, Gwynedd, Pa. 19436

*Stoddard, Lawrence T.
Associate Psychologist, Neurology
W. E. Fernald State School
200 Trapelo Road
Waltham, Mass. 02154

*Stoeckle, John D., *Medicine* '51
Physician
M.G.H.

*Stoffyn, Anne Marie
Assistant Biochemist in Neurology
Shriver Center
200 Trapelo Road
Waltham, Mass. 02154

*Stoffyn, Pierre J.
Biochemist in Neurology
Shriver Center
200 Trapelo Road
Waltham, Mass. 02154

Stokes, Joseph III, *Medicine* '54
University of California School of Medicine
La Jolla, Calif. 92038

Stolman, Joseph M., *Dentistry* '56
60 Gillett St., Hartford, Conn. 06105

*Stone, Alan A.
Associate Psychiatrist
Harvard University, Cambridge, Mass. 02138

*Stone, Bartlett H.
Clinical Associate in Obstetrics
& Gynecology
110 Francis St., Boston, Mass. 02215

Stone, Bernard B., *Neurosurgery* '55
65 Elm St., Worcester, Mass. 01609

Stone, Jeffrey D., *Surgery* '75
2nd Year Resident in Oral Surgery
M.G.H.

Stone, Lawrence B., *Radiology* '74
North Side Radiology Association
Suite 100, 3312 Piedmont Road, N.E.
Atlanta, Georgia 30305

Stossel, Thomas P., *Medicine* '69
Assistant Physician
M.G.H.

Straehley, Clifford J., Jr., *Surgery* '53
Kaiser Permante Medical Group
1697 Ala Moana Blvd.
Honolulu, Hawaii 96815

Strauss, Arthur E., *Medicine* '16
6833 Waterman Ave.
St. Louis, Mo. 63130

*Strauss, Gary M.
3rd Year Resident in Medicine
M.G.H.

Strayer, Luther M., Jr., *Orthopaedics* '39
P. O. Box 366
Lancaster, N.H. 03584

*Strickler, William L., *Surgery* '57, *Urology* '63
Assistant in Urology
John Cuming Medical Bldg.
Concord, Mass. 01742

*Strieder, Denise J.
Clinical Associate in Medicine
M.G.H.

*Strole, William E., Jr., *Medicine* '63
Assistant Physician
Zero Emerson Pl., Boston, Mass. 02114

Strom, John O., *Neuropathology* '55
150 Lloyd Ave., Providence, R.I. 02906

*Studney, Donald R.
Clinical & Research Fellow in Medicine
M.G.H.

Stulberg, S. David, *Orthopaedic Surgery* '74
Hospital for Sick Children
555 University Avenue
Toronto, Ontario, Canada M5G 1X8

Stunkard, Albert J., *Medicine* '46
Stanford University Medical Center
Stanford, Calif. 94305

Sturgis, Somers H., *Surgery* '33
47 Raymond Street
Cambridge, Mass. 02140

*Suaudeau, Jacques
Research Fellow in Surgery
M.G.H.

Suescum, Alfredo T., *Psychiatry* '67
Clinica San Fernando
Aptdo, 363
Panama 9A, Panama

*Sugarbaker, Paul H.
Research Fellow in Surgery
M.G.H.

*Suit, Herman D.
Chief, Radiation Medicine
M.G.H.

Sujatanond, Manit, *Neurosurgery* '74
Department of Surgery
Siriraj Hospital
Bangkok 7, Thailand

Sullivan, Eugene R., *Pathology* '37
Medicine '41
139 Adams St., Milton, Mass. 02187

*Sullivan, Francis J., *Radiology* '74
Assistant in Radiology
M.G.H.

Sullivan, Philip H., *Psychiatry* '70
Tulane Medical School
1430 Tulane Ave.
New Orleans, La. 70112

*Sullivan, Philip R.
Clinical Associate in Psychiatry
350 Beacon Street
Boston, Mass. 02116

Sullivan, William H., *Orthopaedics* '65
85 Park St., Stoughton, Mass. 02072

Summerall, Charles P. III, *Medicine* '57
Medical College Hospital
55 Doughty St., Charleston, S.C. 29403

*Summers, Anne O.
Assistant in Bacteriology (Medicine)
M.G.H.

Sun, Edward R., *Radiology* '72
Harrisburg State Hospital
Harrisburg, Pa. 17105

*Sundaram, Pennathur
Assistant Anesthetist
M.G.H.

*Surman, Owen S., *Psychiatry* '72
Clinical Assistant in Psychiatry
M.G.H.

Susman, Morris H., *Orthopaedic Surgery* '73
500 Clermont Parkway
Denver, Colorado 80220

Sutherland, Donald W., *Medicine* '60
2455 N.W. Marshall St.
Portland, Ore. 97219

Sutphen, John H., *Radiology* '72
35 Front St.
Noank, Conn. 06340

Sutphin, Adney K., *Medicine* '46
1805 Monument Ave.
Richmond, Va. 23220

Suyama, Eji, *Surgery* '55
Maine Coast Memorial Hospital
Ellsworth, Maine 04605

Svensson, Thomas S., *Anesthesia* '74
2340 Pacific Avenue
San Francisco, Calif. 94115

*Swann, David A.
Assistant Biochemist (Surgery)
S.B.I.

*Swartz, Morton N., *Medicine* '53
Physician
Chief, Infectious Disease Unit
M.G.H.

Sweat, R. Earle, *Surgery* '65
1188 Montgomery Drive
Santa Rosa, Calif. 95405

Sweeny, Donald N., Jr., *Surgery* '43
8445 E. Jefferson St.
Detroit, Mich. 48214

Sweet, Elliott B., *Orthopaedics* '54
85 Jefferson St., Hartford, Conn. 06103

Sweet, Robert B., *Anesthesia* '50
University Hospital
Ann Arbor, Mich. 48104

*Sweet, Roger H.
Associate Physician
B.H.H.C.

*Sweet, William H., *Neurosurgery* '41
Chief of Neurosurgical Service
M.G.H.

*Sweetland, Ralph C., *Orthopaedic Surgery* '72
Clinical Associate in Orthopaedic Surgery
Salem Hospital, Salem, Ma. 01970

Sweetnam, George H., *Dentistry* '37
743 High St., Dedham, Mass. 02026

Swett, Richard B., *Orthopaedics* '75
1101 Welch Road
Suite C-8
Palo Alto, Calif. 94304

Swineford, Oscar, Jr., *Medicine* '27
P.O. Box 5094
Charlottesville, Va. 22903

Sycamore, Leslie K., *Radiology* '29
555 S.E. Cable Lane
Palm Bay, Fla. 32901

Symonds, Daniel A., *Pathology* '74
United States Public Health Service Hospital
Baltimore, Md. 21211

*Szabo, George
Associate Biologist, Dermatology
M.G.H.

*Szyfelbein, Stanislaw, *Anesthesia* '69
Associate Anesthetist
M.G.H.

*Szyfelbein, Wanda M., *Pathology* '72
Assistant in Pathology
M.G.H.

Takacs, Frank A., *Anesthesia* '75
Department of Anesthesia
University of California, Los Angeles
School of Medicine
Los Angeles, Calif. 90024

*Taft, Edgar B.
Pathologist
M.G.H.

*Taft, Priscilla D.
Associate Pathologist
M.G.H.

Taggart, F. Howard, Jr., *Anesthesia* '66
Salem Hospital, Salem, Mass. 01970

Taguchi, Kenneth, *Surgery* '70
Kingston General Hospital
Kingston, Ontario, Canada K7L 2V7

*Takahashi, Masaaki
Research Fellow in Dermatology
M.G.H.

Talalay, Paul, *Surgery* '50
725 North Wolfe Street
Baltimore, M.D. 21205

Talamo, Richard C., *Children's* '66
Department of Pediatrics
Johns Hopkins Hospital
Baltimore, Md. 21205

Talbert, O. Rhett, *Neurology* '53
Thirty Bee Street
Charleston, S.C. 29403

*Talbot, Nathan B.
Chief of Children's Service
M.G.H.

Tallon, John B., *Radiology* '53
Orthopaedics '59
481 Park Street
Kitchener, Ontario N2G1N7, Canada

Talmadge, Sam M., *Surgery* '39
Rt. 1, Box 213-03
Hayesville, N.C. 28904

Tan, Chung-Chang, *Orthopaedics* '43
1951 N. Fresno St., Fresno, Calif. 93703

Tandon, Rajendra, *Medicine* '60
All-India Medical Research Institute
New Delhi, India

*Tanenbaum, Lewis, *Dermatology* '75
Clinical Associate in Dermatology
M.G.H.

Tanner, James W., *Radiology* '62
Cottage Hospital
Santa Barbara, Calif. 93105

Tanner, Joseph B., *Orthopaedics* '54
300 Homer Ave., Palo Alto, Calif. 94301

Tannenheimer, John F., *Pathology* '45
Medicine '48
525 LaFayette St., Ionia, Mich. 48846

*Tantam, Digby J. H.
Clinical Fellow in Psychiatry
M.G.H.

*Tarlov, Edward, *Neurosurgery* '72
Assistant in Neurosurgery
M.G.H.

*Tasini, Miriam F., *Psychiatry* '74
Clinical Associate in Psychiatry
V.A.H.

Tatlock, Hugh, *Medicine* '40
264 Elm St., Northampton, Mass. 01060

*Taveras, Juan M.
Chief, Department of Radiology
M.G.H.

*Taylor, Isaac M., *Medicine* '51
Clinical Associate in Medicine
33 Hanover Street
Boston, Mass. 02113

Taylor, John B., *Dentistry* '57
31F Main St.
Teaticket, Mass. 02536

*Taylor, Joseph H.
Consultant in Mathematics
(Neurosurgery)
M.G.H.

*Taylor, William W.
Clinical and Research Fellow in Medicine
M.G.H.

*Teicholz, Judith G.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Tejwani, Nehchal V.
Clinical Fellow in Psychiatry
D.S.H.

Temple, Anthony R., *Children's* '69
University of Utah Medical School
Salt Lake City, Utah 84112

*Tenney, Benjamin, *Surgery* '27
Board of Consultation
P.O. Box J, Washington, Conn. 06793

Tenpas, John H., *Medicine* '75
National Institute of Arthritis
and Metabolic Diseases
Building 10, Room 9N-250, Bethesda, Md. 20014

*Teplick, Richard S.
2nd Year Resident in Anesthesia
M.G.H.

*Tepper, Joel E.
3rd Year Resident in Radiation Medicine
M.G.H.

Tetirick, Jack E., *Surgery* '56
3545 Olentangy River Road
Columbus, Ohio 43214

Tew, John McL., *Neurosurgery* '69
506 Oak St., Cincinnati, Ohio 45219

Thach, William, T., Jr., *Medicine* '66
Neurology '70
Dept. of Physiology
Yale School of Medicine
New Haven, Conn. 06510

Thacker, Henry C., *Children's* '42
117 Goff St., Auburn, Maine 04210

Theus, Walter W., *Dentistry* '52
1513 Gregg St., Columbia, S.C. 29201

*Thibault, George E., *Medicine* '74
Clinical and Research Fellow in Medicine
M.G.H.

Thomas, Arthur D., *Anesthesia* '66
7754 Starlight Dr., La Jolla, Calif. 92037

Thomas, John B., *Medicine* '54
85 Jefferson St., Hartford, Conn. 06130

Thomas, Robert L., *Neurosurgery* '33
Surgery '36
136 Overhill Rd., Orinda, Calif. 94563

*Thomas, Stephen J., *Anesthesia* '74
Assistant in Anesthesia
M.G.H.

Thomas, Wilbur A., *Pathology* '51
Albany Medical College
Albany, N.Y. 12208

Thomas, William H., *Orthopaedics* '65
5 Maple St., Brookline, Mass. 02146

Thompson, Jesse E., *Neurosurgery* '45
Surgery '48
3600 Gaston Avenue
Dallas, Tex. 75246

Thompson, Milton S., Jr., *Orthopaedics* '35
441 Burr Road
San Antonio, Tex. 78205

Thompson, Philip P., Jr., *Medicine* '46
131 Chadwick St.
Portland, Maine 04102

*Thompson, Richard H., *Surgery* '40
Clinical Associate, Surgery
79 Highland Ave.
Salem, Mass. 01970

Thompson, Samuel B., *Orthopaedics* '47
5520 W. Markham St.
Little Rock, Ark. 72205

Thompson, W. Taliaferro, Jr., *Medicine* '41
Medical College of Virginia
Richmond, Va. 23219

Thomson, Dick A., *Anesthesia* '74
University of Lund
Lund, Sweden

*Thorndike, Augustus, *Surgery* '23
Board of Consultation
509 Hammond St.
Chestnut Hill, Mass. 02167

*Thorndike, Janet
Research Fellow in Medicine
C.H.M.C.

Thorpe, William P., *Surgery* '75
5621 Sonoma Road
Bethesda, Md. 20034

*Thrasher, Elliott L.
Clinical Associate in Orthopaedic Surgery
300 Mt. Auburn Street
Cambridge, Mass. 02138

*Thrift, Mary C.
3rd Year Resident on the Children's Service
M.G.H.

*Thurer, Robert L.
4th Year Resident in Surgery
M.G.H.

Thurlbeck, William M., *Pathology* '58
Midhurst Medical Research Inst.
King Edward VII Hospital
Midhurst, Sussex GU 29 OBL
United Kingdom

*Tilley, Robert F.
Assistant Dermatologist
110 Francis St., Boston, Mass. 02115

*Timberlake, William H., *Neurology* '49
Clinical Associate in Neurology
L.S.H.

Timm, Alexander B., Jr., *Dermatology* '56
36 W. Main St., Milford, Conn. 06460

*Timothy, Adrian R.
Clinical Fellow in Radiation Medicine
M.G.H.

*Tingey, William H., Jr., *Dentistry* '59
Clinical Associate in Oral Surgery
872 Massachusetts Ave.
Cambridge, Mass. 02139

Tisdale, William A., *Medicine* '56
University of Vermont
College of Medicine
Burlington, Vt. 05401

*Toch, Rudolf
Associate Pediatrician
98 Adams St., Milton, Mass. 02178

Todd, Barnard P., *Medicine* '38
Fairview Avenue
Wenham, Mass. 01984

*Todd, Donald P., *Anesthesia* '47
Anesthetist
M.G.H.

*Todres, Israel D.
Associate Pediatrician
M.G.H.

Tofield, Joshua J., *Surgery* '74
1770 East 53rd Street
Brooklyn, N.Y. 11234

Toll, Giles D., *Surgery* '57, *Pathology* '59
Dept. of Pathology, St. Luke's Hospital
Denver, Colorado 80233

*Toll, Karel van Syckel
Assistant Neurologist
15 Snake Hill Road
Belmont, Mass. 02178

*Tolman, E. Laurie, *Dermatology* '65
Clinical Associate in Dermatology
Lahey Clinic
605 Commonwealth Avenue
Boston, Mass. 02215

*Tolman, Maurice M.
Senior Consulting Staff
Zero Emerson Pl., Boston, Mass. 02114

*Tomford, William W.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

Tompkins, Douglas G., *Orthopaedics* '58
Gundersen Clinic, La Crosse, Wis. 54601

*Tompkins, Eugene R.
Assistant in Pediatrics
M.G.H.

Tonnesen, Alan S., *Anesthesia* '73
Univ. of Miss. Medical Center
2500 No. State Street
Jackson, Miss. 39216

*Toole, Bryan P.
Assistant Biochemist (Medicine)
M.G.H.

*Toombs, Barry D.
1st Year Resident in Radiology
M.G.H.

Toomey, Edward G., *Dermatology* '66
Concord Medical Center
Concord, Mass. 01742

Torch, William C., *Children's* '71
NIMH, Building 36
National Institutes of Health
Bethesda, Md. 20014

Toriello, Julio, *Radiology* '55
11 Calle 2-37, Zona-1
Guatemala City, Guatemala

*Torsvik, Harold
Research Fellow in Medicine
M.G.H.

*Touchette, Paul E.
Psychologist (Neurology)
M.G.H.

Towery, Beverly T., *Medicine* '46
P.O. Box 202, Anchorage, Ky. 40223

*Townsend, James H., *Medicine* '23
Board of Consultation
R.F.D. 2
Plymouth, N.H. 03264

*Tractenberg, Howard A., *Anesthesia* '63
Clinical Associate in Anesthesia
120 White Oaks Drive
Longmeadow, Mass. 01106

Tracy, Robert J., *Surgery* '49
197 South St., Pittsfield, Mass. 01202

Traig, Alain L., *Surgery* '72
1207 Fairchild Court
Woodland, Calif. 95695

Traul, Richard S., *Anesthesia* '68
Arlington Rd., Bellefontaine, Ohio 43311

Traver, Ralph F., *Surgery* '30
7 Gansevoort St., Bath, N.Y. 14810

*Trebbin, Wayne M.
Clinical and Research Fellow in Medicine
M.G.H.

*Trelstad, Robert L.
Assistant Pathologist
M.G.H.

Trethowan, William H., *Psychiatry* '51
Department of Psychiatry
Queen Elizabeth Hospital
Birmingham, 15, England

Trevett, Laurence D., *Medicine* '33
Neurology '34
7 Woodside Road
Winchester, Mass. 01890

Trieger, Norman, *Dentistry* '56
Dept. of Oral Surgery, Montefiore Hosp.
111 East 210th St., Bronx, N.Y. 10467

Tripp, Curtis C., *Surgery* '23
97 Madison St., New Bedford, Mass. 02740

*Trockman, Gordon J.
2nd Year Resident in Psychiatry
M.G.H.

Troppoli, Daniel V., *Neurology* '27
380 Broadway, Providence, R.I. 02909

Trowbridge, Ellsworth H., Jr., *Neurology* '40
Plaza Time Bldg., Kansas City, Mo. 64112

Trowbridge, Frederick L., *Children's* '71
Center for Disease Control
Clifton Road
Atlanta, Georgia 30324

Troxler, Eulyss R., *Orthopaedics* '42
1005 Professional Village
Greensboro, N.C. 27401

*Truax, Bradley T.
1st Year Resident in Neurology
M.G.H.

*Trucco, Marcelo B.
Clinical Fellow, Acting Assistant Resident
in Psychiatry
Chelsea-Revere Clinic
100 Bellingham Avenue
Chelsea, Mass. 02150

*Truman, John T., *Children's* '63
Pediatrician
Clinical Consultant, Blood Bank
M.G.H.

*Tseng, Victor
1st Year Resident in Orthopaedic Surgery
M.G.H.

Tucker, James T., *Orthopaedic* '30
4315 Grove Ave., Richmond, Va. 23221

Tucker, Robert P., *Surgery* '40
1603 Ware Ave., East Point, Ga. 30044

*Tully, George L. III
Clinical Fellow in Medicine
M.G.H.

Turner, John D., *Medicine* '58
Baylor University, Houston, Texas 77025

Tuttle, Elbert P., Jr., *Medicine* '53
Emory University School of Medicine
69 Butler Street S.E.
Atlanta, Georgia 30303

Twarog, Francis J., *Pediatrics* '73
C.H.M.C.

Twombly, Gray H., *Surgery* '32
450 Riverside Drive, New York, N.Y. 10027

Tyson, Robert G., *Children's* '50
733 Washington Rd., Pittsburgh, Pa. 15228

*Ulfelder, Howard, *Surgery* '41
Deputy to The General Direclor
for Cancer Affairs
Chief of the Dept. of Gynecology
M.G.H.

Ulick, Stanley C., *Children's* '52
Veterans Administration Hospital
130 W. Kingsbridge Rd.
Bronx, N.Y. 10468

*Ullman, M. David
Research Fellow in Neurology
M.G.H.

*Ulman, Kathleen H.
Grad. Student Ass't in Psychology
(Psychiatry)
M.G.H.

Ulmer, Jack L., *Neurosurgery* '42
McGuire Veterans Administration
Hospital, Richmond, Va. 23225

*Umlas, Joel, *Pathology* '67
Clinical Associate in Pathology
Mt. Auburn Hospital
330 Mt. Auburn Street
Cambridge, Mass. 02138

Urquhart, John III, *Surgery* '61
University of Pittsburgh School of Medicine
Pittsburgh, Pa. 15213

Urschel, Harold C., Jr., *Surgery* '62
4930 Manson Crt., Dallas, Texas 75229

Uyeda, Clifford I., *Children's* '51
2425 Geary Blvd.
San Francisco, Calif. 94115

*Vacanti, Joseph P.
2nd Year Resident in Surgery
M.G.H.

Vagelos, P. Roy, Sr., *Medicine* '56
President, Merck Sharp & Dohme Research
Laboratories
Rahway, N.J. 07065

*Valdes, Pedro J.
Research Fellow in Surgery
M.G.H.

Valle, Alice W., *Psychiatry* '75
63 Nathan Road
Newton Centre, Mass. 02159

*Valle, Calixto C.
Assistant in Psychiatry
Waltham Hospital
Waltham, Mass. 02154

Van Buskirk, David, *Medicine* '59
77 Parking Way, Quincy, Mass. 02169

Vance, Robert G., *Radiology* '24
3830 Malec Circle, Sarasota, Fla. 33581

Vander Salm, Thomas J., *Surgery* '73
U. of Mass.
55 Lake Street, North
Worcester, Mass. 01605

Vanderveen, James L., *Anesthesia* '55
225 W. Dickinson Street
San Diego, Calif. 92103

*Van Dyke, Wilhelmina, *Children's* '43
Clinical Associate in Pediatrics
16 Spafford Rd., Milton, Mass. 02186

Van Eerde, Albert, *Anesthesia* '55
Paterson General Hospital
Paterson, N.J. 07501

*Vanjonack, William J.
Research Fellow in Physiology (Pediatrics)
S.B.I.

van Ravenswaay, Arie C., *Pathology* '34
601 N. Wilmot Rd., Tucson, Ariz. 85711

van Ravenswaay, Theodore, *Pathology* '57
Permanente Medical Group
99 Montecillo Road
San Rafael, Calif. 94903

*vanSonnenberg, Eric
1st Year Resident in Radiology
M.G.H.

Vanvroonhoven, Theo J., *Surgery* '71
University Hospital Dijkzigt
Rotterdam, The Netherlands

*Varadi, Steven
1st Year Resident (Intern) in Surgery
M.G.H.

*Varma, Surendra K., *Children's* '72
Clinical Associate on the Children's Service
M.I.T.

Vasquez-Amory, Ernesto, *Psychiatry* '71
University of Virginia Hospital
Charlottesville, Va. 22904

Vaughan, M. Clay, *Orthopaedic Surgery* '72
Gun Club Lane
Weston, Mass. 02193

Vaughan, Robert H., *Surgery* '44
711 Center St., Columbus, Ga. 31901

Vaughan, Victor C. III, *Children's* '43
125 West Walnut Lane
Philadelphia, Pa. 19144

Veits, Harold R., *Psychiatry* '74
1414 6th Street S.E.
Minneapolis, Minn. 55414

Velho, Lawrence F., *Anesthesia* '73
69 Calumet Street
New Bedford, Mass. 02744

*Verhey, Lynn J.
Assistant Radiation Biophysicist
in Radiation Medicine
M.G.H.

*VerLee, Thomas R.
1st Year Resident in Anesthesia
M.G.H.

Vesell, Elliot S., *Children's* '60
Pennsylvania State University
College of Medicine
Hershey, Pa. 17033

*Vezeridis, Michael P.
Research Fellow in Surgery
M.G.H.

*Vickery, Austin L., Jr.
Pathologist
M.G.H.

*Vignola, Paul A.
Clinical and Research Fellow in Medicine
M.G.H.

*Viller, Luis F.
3rd Year Resident in Surgery
M.G.H.

Villee, Dorothy B., *Children's* '56
43 Cottage Farm Rd.
Brookline, Mass. 02146

Vitt, Robert P., *Orthopaedics* '51
317 W. Pueblo St.
Santa Barbara, Calif. 93102

*Vlahakes, Gus J.
1st Year Resident (Intern) in Surgery
M.G.H.

Vogel, Albert V., *Psychiatry* '74
18 Mystic Valley Parkway
Winchester, Mass. 01890

Voke, Edward L., *Radiology* '31
Ohio Bldg., Akron, Ohio 44308

Volpe, Joseph J., *Children's* '66
Neurology '70
7404 Wellington Way, Clayton, Mo. 63105

Volwiler, Wade, *Medicine* '45
University of Washington
School of Medicine
Seattle, Wash. 98105

Von Kessler, Kirby L.C., *Orthopaedics* '65
4 East Madison St., Baltimore, Md. 21202

Von Pohl, Joachim W., *Anesthesia* '73
Universitätsklinik
Abteilung fur Anesthesiologie
4 Dusseldorf, West Germany

Waddell, William R., *Surgery* '51
University of Colorado School of Medicine
Denver, Colo. 80220

*Waddington, Earle J.
Board of Consultation
84 Walnut St., Andover, Mass. 01811

*Waitzkin, Evelyn D.
Clinical Associate in Psychiatry
78 Salisbury Road
Brookline, Mass. 02146

*Waksmonski, Carol A.
Clinical Fellow in Medicine
M.G.H.

Waldman, Jerome, *Orthopaedics* '49
1616 Grand Ave., Waukegan, Ill. 60085

Waldmann, Katharine Spreng, *Medicine* '57
3910 Rickover Rd.
Silver Spring, Md. 20902

Waldmann, Thomas A., *Medicine* '56
National Institutes of Health
Bethesda, Md. 20014

Waldron, Alexander M., *Medicine* '39
309 N. Ingalls St.
Ann Arbor, Mich. 48104

*Wales, Lee R.
Assistant in Radiology
M.G.H.

*Walker, Alexander M.
2nd Year Resident on the Children's Service
M.G.H.

Walker, George M., *Surgery* '51
269 Prospect St., Fitchburg, Mass. 01420

Walker, Jerome K., *Dentistry* '54
42 W. Brook St., Manchester, N.H. 03104

*Walker, Peter F.
3rd Year Resident in Anesthesia
M.G.H.

Walker, Robert H., *Pathology* '51, *Surgery* '53
Calgary Associate Clinic
214-6 Avenue, S.W.
Calgary, Alberta, Canada

*Walker, W. Allan
Associate Pediatrician
M.G.H.

*Walker-Nasir, Evelyne
Assistant in Biochemistry (Medicine)
M.G.H.

*Wall, Michael A.
3rd Year Resident on the Children's Service
M.G.H.

Wallace, James W., *Radiology* '69
412 Mt. Auburn St.
Cambridge, Mass. 02138

Wallace, Lynn, *Pediatrics* '73
R.F.D. 2
Putney, Vermont 05346

*Waller, David A.
2nd Year Resident in Psychiatry
L.M.H.C.

Waller, John L., *Anesthesia* '75
Department of the Air Force
Wilford Hall USAF Medical Center (AFSC)
Lackland Air Force Base, Texas 78236

Wallwork, David W., *Surgery* '32
53rd St., North Andover, Mass. 01845

Walser, Mackenzie, *Medicine* '50
Johns Hopkins University
School of Medicine
Baltimore, Md. 21205

Walsh, John W., *Neurosurgery* '73
C.H.M.C.

*Walshe, Thomas M., III
2nd Year Resident in Neurology
M.G.H.

Walter, Mark M., Jr., *Psychiatry* '55
McL.

*Walter, Paul D.
1st Year Resident in Neurology
M.G.H.

Walter, Thomas K., *Children's* '75
Department of Pediatrics
Moffart
San Francisco, Calif. 94122

*Waltman, Arthur C.
Assistant Radiologist
M.G.H.

*Walton, David S.
Assistant in Pediatrics
M.G.H.

*Walton, Kenneth G.
Assistant in Psychobiology (Psychiatry)
M.G.H.

*Walzer, Sarita G.
Associate Anesthetist
M.G.H.

*Wands, Jack R.
Assistant in Medicine
M.G.H.

*Wang, Chi Shiang
Assistant in Pediatrics
B.H.H.C.

*Wang, Chiu-an, *Surgery* '46
Visiting Surgeon
Zero Emerson Pl., Boston, Mass. 02114

*Wang, Chiu-Chen, *Radiology* '52
Radiation Therapist in Radiation Medicine
M.G.H.

Wang, Yang, *Medicine* '57
University of Minnesota Hospitals
Minneapolis, Minn. 55455

Ward, Albert J., *Surgery* '29
309 Old Plantation Road
Jekyll Isl., Brunswick, Ga. 31520

Ward, Harold W., Jr., *Psychiatry* '74
Navy Medical Neuropsych. Unit
Point Loma, San Diego, Calif. 92106

Ward, John L., *Medicine* '35
600 Scranton Ave.
Lake Bluff, Ill. 60044

Ware, Roland G., Jr., *Radiology* '63
Maine Medical Center
Department of Radiology
Portland, Me. 04102

Waring, Elmar S., *Medicine* '19
1807 South Indian River Dr.
Fort Pierce, Fla. 33450

Warner, John H., Jr., *Medicine* '37
Oberlin College Student Health Service
Oberlin, Ohio 44074

Warren, Charles F., *Medicine* '33
Big Spring, Tenn. 37323

*Warren, Christopher D.
Assistant Biochemist (Medicine)
M.G.H.

*Warren, John J.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Warren, Richard, *Surgery* '36
Board of Consultation
319 Longwood Ave., Boston, Mass. 02115

Warren, Stafford L., *Medicine* '24
100 Veteran Ave., Los Angeles, Calif. 90024

*Warshaw, Andrew L., *Surgery* '71
Assistant Surgeon
M.G.H.

Washburn, Stephen L., *Psychiatry* '56
McL.

*Wasserman, Linda
Assistant in Psychology (Psychiatry)
B.H.H.C.

*Watkins, Arthur L., *Neurology* '38
Board of Consultation
Peterborough, N.H. 03458

*Watkins, W. David
1st Year Resident in Anesthesia
M.G.H.

*Watson, Barbara K.
Assistant Bacteriologist
M.G.H.

Watson, James W., *Medicine* '44
307 East 44th St., New York, N.Y. 10017

Watson, Richard H., *Children's* '53
11 Fogg Drive
Durham, New Hampshire 03824

Watson, Robert F., *Medicine* '36
525 East 68th St., New York, N.Y. 10021

Watts, Arthur B., *Surgery* '43
103 E. Holly St., Bellingham, Wash. 98225

Watts, James W. II, *Neurology* '28
Neurosurgery '29
1911 R St., N.W.
Washington, D.C. 20009

Watts, Hugh G., *Orthopaedic Surgery* '71
C.H.M.C.

Waud, Barbara E., *Anesthesia* '59
721 Huntington Avenue
Boston, Mass. 02115

Waxman, Bruce A., *Orthopaedic Surgery* '73
United States Air Force Hospital
Tyndall Air Force Base
Panama City, Florida 32401

Waxman, Herbert S., *Medicine* '67
Department of Medicine
Temple University School of Medicine
Philadelphia, Pa. 19140

*Weber, Alfred L., *Radiology* '59
Radiologist
M.E.E.I.

*Webster, Edward W.
Physicist, Radiology
M.G.H.

Webster, Henry deF., *Neurology* '56
National Institute of Neurological Diseass and Stroke
Bethesda, Maryland 20014

Webster, Richard C., *Surgery* '44
16 Prescott St.,
Brookline, Mass. 02146

*Wechsler, James S.
2nd Year Resident in Anesthesia
M.G.H.

Weems, William L., *Urology* '65
University of Mississippi Medical Center
2500 North State St.
Jackson, Miss. 39206

*Weihl, Albert C. III
Clinical and Research Fellow in Medicine
M.G.H.

*Weinberg, Arnold N., *Medicine* '62
Physician
M.G.H.

Weinberg, Richard A., *Dermatology* '62
930 West Sproul Rd.
Springfield, Pa. 19064

*Weinberger, Jerome L.
Psychiatrist
51 Brattle St., Cambridge, Mass. 02138

*Weiner, Milton A., *Radiology* '68
Clinical Associate in Radiology
St. Vincent's Hospital
Worcester, Mass.

Weinfeld, Marvin S., *Orthopaedics* '61
454 Brookline Ave., Boston, Mass. 02215

*Weingarten, Charles H., *Medicine* '60
Assistant Physician
McL.

Weinger, Jesse M., *Orthopaedic Surgery* '74
Michael Reese Hospital
Chicago, Ill. 60632

Weinshilboum, Richard M., *Medicine* '72
Mayo Clinic
Rochester, Minn. 55901

Weinstein, Howard J., *Children's* '74
215 Harvard Avenue
boston, Mass. 02134

*Weinstein, Louis
Board of Consultation
N.E.M.C.H.

*Weintraub, Harold P., *Surgery* '71
3rd Year Resident in Radiology
M.G.H.

*Weintraub, Ronald M., *Surgery* '70
Clinical Associate in Surgery
330 Brookline Avenue
Boston, Mass. 02215

Weir, David R., *Pathology* '38
Highland View Hospital
Cleveland, Ohio 44122

*Weir, Gordon C.
Assistant Physician
M.G.H.

*Weiser, Milton M.
Associate Physician
M.G.H.

Weisfeldt, Myron L., *Medicine* '70
Johns Hopkins Hospital
Baltimore, Md. 21205

*Weisman, Avery D., *Psychiatry* '45
Psychiatrist
M.G.H.

*Weiss, Alfred D.
Assistant Neurologist
M.E.E.I.

*Weiss, Charles
Assistant Orthopaedic Surgeon
M.G.H.

*Weiss, Howard D.
2nd Year Resident in Neurology
M.G.H.

Weiss, Louis L., *Anesthesia* '56
830 Harter Boulevard
Anderson, Ind. 46011

Weiss, Mark A., *Pathology* '75
Department of Pathology
Navy Regional Medical Center
Portsmouth, Va. 23708

*Weissberger, Marshall A.
Research Fellow in Radiology
M.G.H.

*Weith, Herbert L.
Assistant Biochemist (Medicine)
M.G.H.

*Weitzman, Sigmund A.
Clinical and Research Fellow in Medicine
M.G.H.

*Welch, Charles A.
3rd Year Resident in Psychiatry
M.G.H.

*Welch, Claude E., *Surgery* '37
Senior Consulting Staff
M.G.H.

*Welch, John B.
3rd Year Resident in Neurology
M.G.H.

Welch, John P., *Surgery* '74
Womack Army Hospital
Fort Bragg, N.C. 28307

*Welch, Margot A.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Welch, William R.
Assistant in Pathoggy
M.G.H.

*Wells, Lionelle D.
Associate Psychiatrist
82 Marlborough St., Boston, Mass. 02116

*Wells, Roe
Board of Consultation
Mass. Rehabilitation Hospital
125 Nashua Street
Boston, Mass. 02114

*Wellum, Glyn R.
Assistant in Chemistry
(Neurosurgery)
M.G.H.

Wenig, Martin, *Dentistry* '45
255-17 Northern Blvd.
Little Neck, Long Island, N.Y. 11363

*Wenstrup, Robert S.
Research Fellow in Radiology
m.G.H.

*Wepsic, James G., *Neurosurgery* '69
Assistant Visiting Neurosurgeon
M.G.H.

Wesley, John R., *Surgery* '72
Los Angeles Children's Hospital
4650 Sunset Blvd., Los Angeles, Calif. 90054

West, Weldon, W., *Surgery* '54
327 East Alpine Avenue
Stockton, Calif. 95204

Westerfield, Larry H., *Radiology* '73
Methodist-Evangelical Hospital
315 East Broadway
Louisville, Ky. 40201

*Westfall, Michael P.
Clinical Assistant in Psychiatry
M.G.H.

*Westphal, Danny M.
Clinical and Resarch Fellow in Medicine
M.G.H.

*Wexler, Laura F., *Medicine* '74
Clinical and Resarch Fellow in Medicine
M.G.H.

Wexler, Marvin J., *Surgery* '68
613 Victoru Avenue
Westmount
Quebec, Canada H34 2R8

Weylman, Walter T., *Radiology* 60
358 North Main St., Andover, Mass. 01810

Wheeler, Bancroft C., *Surgery* '26
17 Westwood Drive
Worcester, Mass. 01609

Wheeler, Charles A., *Neurosurgery* '35
Surgery '38
Leominster Hospital Medical Building
Leominster, Mass. 01453

Wheeler, Clarence G., *Surgery* '62
4001 Worth Street
Dallas, Texas 75221

*Wheeler, Edwin O.
Physician
Zero Emerson Pl., Boston, Mass. 02114

*Wheeler, James H., *Psychiatry* '75
Clinical and Research Fellow
(Acting 3rd Year Resident) in Psychiatry
Santa Monica Hospital Medical Center
Department of Family Practice
1225 Fifteenth Street
Santa Monica, Calif. 90404

Wheeler, James I., *Medicine* '56
Medical Arts Bldg., Dallas, Texas 75201

Wheeler, Warren E., *Children's* '34
University of Kentucky Medical Center
Lexington, Ky. 40506

Wheeler, William F., Jr., *Anesthesia* '71
Gainesville, Fla. 32601

*Wheelock, Frank C., Jr., *Surgery* '49
Visiting Surgeon
110 Francis St., Boston, Mass. 02215

*Whiffen, John R.
3rd Year Resident in Orthopaedic Surgery
M.G.H.

Whiskin, Frederick E., *Psychiatry* '54
Box 1292, Hornbeam R1
Duxbury, Mass. 02332

White, Alan F., *Radiology* '71
Georgetown University Hospital
3800 Reservoir Road
Washington, D.C. 20007

*White, James C., *Surgery* '27
Senior Consulting Staff (Neurosurgery)
100 Cottage Street
Brookline, Mass. 02146

Whitfield, Thomas J. III, *Children's* '57
Clinical Associate in Pediatrics
Round Hill Road
Great Barrington, Mass. 01230

Whitford, Warren, *Orthopaedics* '31
80 Sherman Ave., New Haven, Conn. 06511

*Whitmore, Erika L.
1st Year Resident (Intern) in Pathology
M.G.H.

Wiesman, Harold J., Jr., *Orthopaedics* '75
304 Russell Street
Carlisle, Mass. 01741

Wigglesworth, William C., *Surgery* '45
80 County Rd., Ipswich, Mass. 01938

Wilcox, John C., *Children's* '37
615 West 10th Street, Claremont, Calif. 91711

Wilcox, Roger E., *Surgery* '55
525 N. 18th Street
Phoenix, Ariz. 85006

Wilde, Henry D., Jr., *Orthopaedics* '62
2210 Maroneal, Houston, Texas 77025

*Wilkeson, Adele G.
1st Year Resident in Psychiatry
M.G.H.

*Wilkins, Earle W., Jr., *Surgery* '51
Visiting Surgeon; Chief of the Emergency
Ward and Overnight Ward
M.G.H.

*Wilkins, George F.
Consultant in Occupational Medicine
101 River Road
Weston, Mass. 02193

Willens, John S., *Anesthesia* '69
Paoli Memorial Hospital
Paoli, Pa. 19301

*Willer, Lee H.
Clinical Associate in Psychiatry
133 Bigelow Road
West Newton, Mass. 02165

Willerson, James T., *Medicine* '67
University of Texas
Southwestern Medical School
5323 Harry Hines Blvd.
Dallas, Texas 75235

Willetts, Arthur T., *Urology* '42
85 Woodland Rd., Short Hills, N.J. 07078

*Williams, Conger, *Medicine* '40
Physician
M.G.H.

Williams, David W., *Surgery* '43
Orthopaedics '46, *Urology* '48
130 Maple St., Springfield, Mass. 01103

Williams, Gary M., *Surgery* '64
Naylor Dana Institute of Disease Prevention
Valhalla, N.Y. 10595

Williams, J. Richard, Jr., *Medicine* '70
Baylor University Medical Center
3500 Gaston Avenue
Dallas, Tex. 75246

*Williams, Larry S.
2nd Year Resident in Oral Surgery
M.G.H.

Williams, Melvin W., *Psychiatry* '73
Mental Health Career Dev. Program
5600 Fisher Lane
Rockville, Md. 20852

Williams, Oscar B., Jr., *Anesthesia* '55
6718 Briar Cove Drive
Dallas, Texas 75240

Williams, Ralph C., Jr., *Medicine* '60
Bernalillo County Medical Center
Albuquerque, N.M. 87106

*Williams, Robert C.
Clinical Associate in Radiology
Cardinal Cushing Hospital
Brockton, Mass. 02401

*Williams, Robert Sanders
2nd Year Resident in Medicine
M.G.H.

Williams, Roger N., *Orthopaedic Surgery* '71
773 Fourth Avenue North
Naples, Fla. 33950

*Williams, Roger S.
Clinical Associate in Neurology
Fernald State School
Waltham, a. 02154

*Williams, Vernon P., *Surgery* '31
Board of Consultation
112 Pinckney St., Boston, Mass. 02114

Williams, Willis H., *Surgery* '73
Univ. of Miami Medical School
Miami, Fla. 33146

*Williamson, Robin C.N.
Research Fellow in Surgery
M.G.H.

Williamson-Lefort, Ladislao, *Medicine* '42
Miguel Cruchaga Tocornal 920
Officina 405, Santiago, Chile

Wilson, Edward H., Jr., *Surgery* '50
Presbyterian Hospital
Clay & Webster Sts.
San Francisco, Calif. 94115

Wilson, John C., Jr., *Surgery* '45
Orthopaedics '50
2010 Wilshire Blvd.
Los Angeles, Calif. 90057

Wilson, John L., *Surgery* '48
300 Dr. Pasteur
Stanford, Calif. 94305

Wilson, Norman E., *Anesthesia* '75
4 Hyacinth Court
Gaithersburg, Md. 20760

Wilson, Philip D., Jr., *Surgery* '46
535 East 70th Street
New York, N.Y. 10021

*Wilson, Robert F.
Clinical Associate in Pediatrics
Doctor's Park, Dover, N.H. 03820

*Wilson, Roger S.
Associate Anesthetist
M.G.H.

*Winchester, Mark A.
2nd Year Resident in Medicine
M.G.H.

*Winer, Jordan J.
Podiatrist in Orthopaedic Surgery
M.G.H.-Chelsea Health Center
111 Bellingham Street
Chelsea, Mass. 02150

Winickoff, Richard N., *Medicine* '72
B.I.H.

*Winkler, Gerald F., *Neurology* '61
Associate Neurologist
M.G.H.

Winkler, John J., *Radiology* '28
Austin State Hospital, Austin, Texas 78751

*Winn, Henry J.
Immunologist (Surgery)
M.G.H.

*Winslow, Boyd H.
2nd Year Resident in Surgery
M.G.H.

Winsor, Allen P., *Medicine* '19, *Surgery* '21
1080 Beacon St., Brookline, Mass. 02146

*Wintroub, Bruce U.
Clinical and Research Fellow (Acting 2nd Year Resident) in Dermatology
M.G.H.

*Winzelberg, Gary G.
1st Year Resident in Radiology
M.G.H.

*Wirthlin, LeRoy S., *Surgery* '70
Assistant Surgeon
1180 Beacon Street
Brookline, Mass. 02146

Wishard, William N., Jr., *Surgery* '27
1711 N. Capital Ave.
Indianapolis, Ind. 46200

*Wiske, Martha S.
Clinical Fellow in Psychology (Psychiatry)
M.G.H.

*Wittenberg, Jack, *Radiology* '66
Associate Radiologist
M.G.H.

*Witters, Lee A.
Assistant in Medicine
M.G.H.

*Wohl, Martin J., *Medicine* '63
Assistant Physician
75 Mount Auburn St.
Cambridge, Mass. 02138

Wolf, Laurence E., *Surgery* '70
Cronin & Brauer Clinic
5419 Caroline Street
Houston, Texas 77004

*Wolfe, Robert R.
Research Fellow in Surgery
S.B.I.

Wolff, Jan, *Medicine* '54
National Institutes of Health
Bethesda, Md. 20014

Wolff, Louis, *Medicine* '24
1101 Beacon St.
Brookline, Mass. 02146

*Wolpow, Edward R., *Neurology* '68
Pathology '69
Assistant in Neurology
M.G.H.

Wong, Livingston M.F., *Surgery* '65
4144 Papu Circle, Honolulu, Hawaii 96815

*Woo, Beverly
3rd Year Resident in Medicine
M.G.H.

Woo, Sybil Wong, *Anesthesia* '66
230 Lake Road, Andover, Conn. 06232

Wood, Benjamin S., *Surgery* '33
5214 Lipps Road, S.W.
Roanoke, Va. 24018

Wood, Edwin C., *Medicine* '51
1020 Holcombe Blvd., Suite 232
Houston, Texas 77025

Wood, Howard P., *Medicine* '48
Lankenau Medical Bldg.
Philadelphia, Pa. 19151

Wood, James A., *Children's* '15
Box 325, Sea Island, Ga. 31561

Wood, J. Edwin, Jr., *Medicine* '23
1327 Rugby Rd.
Charlottesville, Va. 22903

*Wood, Lawrence C.
Assistant in Medicine
M.G.H.

*Wood, William C., *Surgery* '74
Assistant in Surgery
M.G.H.

Wood, William E., *Dentistry* '40
1832 Connecticut Ave., N.W.
Washington, D.C. 20009

*Woodruff, Lorande M., *Surgery* '39
Urology '47
Assistant Urologist
110 Francis St., Boston, Mass. 02215

*Woods, Bryan T., *Medicine* '68, *Neurology* '71
Assistant Neurologist
McL.

*Wooldridge, Douglas W.
1st Year Resident in Dermatology
M.G.H.

Wooten, E. Jane Herring, *Children's* '44
904 Williamson Drive
Raleigh, N.C. 27608

*Worden, J. William
Associate Psychologist, Psychiatry
M.G.H.

*Worobec, Thomas G.
2nd Year Resident in Psychiatry
M.G.H.

Worth, Thomas C., *Medicine* '38
Rex Hospital, Raleigh, N.C. 27603

Wosnitzer, Morey, *Urology* '60
21 Forest Drive, Springfield, N.J. 07081

*Wray, Shirley H.
Associate Neurologist
M.G.H.

*Wrenn, Simeon M.
Research Fellow in Medicine
M.G.H.

Wright, R. Lewis, *Neurology* '63
4908 Monument Ave.
Richmond, Virginia 23113

Wu, Alain S., *Anesthesia* '71
Dept. of Anesthesia, Rhode Island Hospital
Providence, R.I. 02902

*Wu, Ai-Lien
Research Fellow in Pediatrics
M.G.H.

Wulfson, Howard D., *Anesthesia* '73
12 St. Andrews Drive
Little Rock, AR 72207

*Wurtman, Richard J., *Medicine* '62
Clinical Associate in Medicine
Department of Nutrition
M.I.T.

*Wyler, David J.
Clinical and Research Fellow in Medicine
M.G.H.

*Wyman, Edwin T., Jr., *Orthopaedics* '60
Assistant Orthopaedic Surgeon
412 Beacon St., Boston, Mass. 02115

*Wyman, Stanley M., *Radiology* '42
Visiting Radiologist
575 Mt. Auburn St.
Cambridge, Mass. 02138

Wysham, Donald N., *Medicine* '57
Christian Medical College
Ludhiana, Punjab, India

Yaffee, Howard S., *Dermatology* '53
60 Brattle St., Cambridge, Mass. 02138

*Yakovlev, Paul I.
Consultant in Neuropathology, Neurology
21 Addington Road
Brookline, Mass. 02146

*Yankauer, Alfred, *Children's* '41
Consultant in Pediatrics
University of Mass. Medical School
Worcester, Mass. 01604

Yates, Colin, *Oral Surgery* '75
Department of Oral Surgery
Kings College Hospital Dental School
Denmark Hill
London S.E. 5 8Rx, England

*Yatsuhashi, Masao, *Surgery* '46
Clinical Associate in Surgery
Pondville Hospital, Norfolk, Mass. 02056

*Yavin, Ephraim
Assistant in Biochemistry (Neurology)
Fernald School
Waltham, Mass. 02154

*Yeatman, Lawrence A., Jr.
Clinical and Research Fellow in Medicine
M.G.H.

Yee, Lester P.K., *Medicine* '39, *Surgery* '46
1641 Nuuanu Ave.
Honolulu, Hawaii 96817

Yenel, Faruk M., *Medicine* '65
Cerrahpasa Tip Fakultesi
Pnömo-Ftizyoloji Kürsüsü
University of Istanbul
Istanbul, Turkey

Yett, Harris S., *Orthopaedics* '69
B.I.H.

Yip, Larry, *Anesthesia* '74
Long Beach Naval Hospital
Long Beach, Calif. 90801

*Yoder, Isabel C.S.
Assistant Radiologist
M.G.H.

Yodh, Shyam B., *Neurosurgery* '69
Samudio Villa, 18 Darobsha Rd.
Bombay, India

Yokoyama, Mitsuo M., *Anesthesia* '68
Dept. of Anesthesia
Senbai-Kosha Tokyo Hospital
1-4-3 Mita, Minato-Ku
Tokyo, Japan

*YonKondy, Joanne K.
2nd Year Resident on the Children's Service
M.G.H.

Yoshikawa, Hideyasu, *Anesthesia* '72
Tokyo University Hospital
Hongo, Bunkyo, Tokyo, Japan

Youmans, John B., *Medicine* '21
Rt. 3, Franklin, Tenn. 37064

Youn, Chang H., *Anesthesia* '72
The Grace Hospital
Detroit, Mich. 48201

Young, Clark, *Surgery* '23
1848 Wilson Ave.
Salt Lake City, Utah 84108

*Young, D. Michael
Physical Chemist, Medicine
M.G.H.

*Young, Hugh H. II
Assistant in Urology
M.G.H.

*Young, Melvin D.
1st Year Resident in Orthopaedic Surgery
M.G.H.

Young, Neal S., *Medicine* '73
Nat. Inst. Arthritis & Metabolic Disease
Bethesda, Md. 20014

*Young, Richard S.K.
2nd Year Resident on the Children's Service
M.G.H.

*Young, Robert R., *Pathology* '64
Neurology '65
Associate Neurologist
M.G.H.

Young, Thomas K., *Anesthesia* '71
Marshall County Hospital, Van Dorm Ave.
Holly Springs, Miss. 38635

Yount, William J., *Medicine* '62
Rockefeller University
York Avenue at 66th St.
New York, N.Y. 10021

*Yurchak, Peter M., *Medicine* '64
Associate Physician
M.G.H.

Zacarian, Setrag A., *Dermatology* '55
130 Maple St., Springfield, Mass. 01103

*Zack, Michael B.
Clinical Fellow in Medicine
M.G.H.

Zacks, Sumner I., *Pathology* '58
Ayer Laboratory, Pennsylvania Hospital
Philadelphia, Pa. 19107

Zaidan, James R., *Anesthesia* '75
Second General Hospital
A.P.O., New York, N.Y. 09180

*Zaki, Mohamed S. A.
Research Fellow in Surgery
S.B.I.

*Zaleske, David J.
1st Year Resident (Intern) in Surgery
M.G.H.

*Zamecnik, Paul C.
Physician
M.G.H.

Zaouussis, Alexander L., *Orthopaedics* '54
23 Kanari St., Athens, Greece

*Zapol, Warren M., *Anesthesia* '72
Assistant Anesthetist
M.G.H.

*Zarins, Bertram, *Orthopaedics* '72
Clinical Fellow in Orthopaedic Surgery
M.G.H.

*Zaudy, Eleanore C.
Clinical Associate, Pediatrics
20 St. Paul Street
Brookline, Mass. 02146

*Zavisca, Frank G.
4th Year Resident in Anesthesia
M.G.H.

Zawacki, Bruce E., *Surgery* '67
L.A. County-Univ. So. Cal. Med. Center
1200 State Street
Los Angeles, Calif. 90033

Zeller, John W., *Medicine* '38
272 Oakland St.
Wellesley Hills, Mass. 02181

*Zervas, Nicholas T., *Neurosurgery* '61
Clinical Associate in Neurosurgery
B.I.H.

*Zielstorff, Rita D.
Assistant in Computer Science (Medicine)
M.G.H.

Zieper, Irving, *Neurology* '58
L.S.H.

Zimbler, Seymour, *Orthopaedics* '62
171 Harrison Avenue
Boston, Mass. 02111

*Zimin, Robert J.
4th Year Resident in Psychiatry
M.G.H.

Zinninger, George F., *Radiology* '66
Cooper Medical Center
Camden, N.J. 08103

*Zir, Leonard M.
Clinical Assistant in Medicine
M.G.H.

Zisook, Sidney, *Psychiatry* '73
University of Texas Health Sciences Center
of Houston, Houston, Tx. 77025

*Zitin, Barry R.
3rd Year Resident in Psychiatry
M.G.H.

*Zitin, Melinda K.
3rd Year Resident on Children's Service
M.G.H.

Zmyslowski, Walter P., *Anesthesia* '59
28 Marion Ave., Worcester, Mass. 01604

*Zola, Irving K.
Consultant Sociologist (Medicine)
Brandeis University
Waltham, Mass. 02154

*Zuckerman, Pamela, *Children's* '75
Clinical Associate on the Children's Service
M.G.H.

Zuelzer, Wolfgang W., *Children's* '37
Children's Hospital, Detroit, Mich. 48202

*Zuger, James H.
2nd Year Resident in Radiology
M.G.H.

Zuidema, George D., *Surgery* '59
Johns Hopkins Hospital
Baltimore, Md. 21205

Zukowski, Henry J., *Anesthesia* '48
72 North Deeplands Road
Grosse Pointe Shores, Michigan 48236

*Zurawski, Vincent R., Jr.
Research Fellow in Medicine
M.G.H.

*Zusman, Douglas R., *Medicine*
2nd Year Resident in Medicine
M.G.H.

Zusman, Randall M., *Medicine* '75
National Institutes of Health
National Heart and Lung Institute
Experimental Therapeutics Branch
Building 10
Bethesda, Md. 20014

Zwerdling, Michael A., *Children's* '64
2717 Claremont Boulevard
Berkeley, Calif. 94705

*Zwerdling, Robert G.
Assistant in Pediatrics
Cambridge Hospital
Cambridge, Mass. 02139

*Zwerling, Leonard J.
Clinical and Research Fellow in Medicine
M.G.H.

Zwillich, Clifford W., *Medicine* '72
University of Colorado Medical Center
Denver, Colo. 80220

GEOGRAPHICAL LIST

ALABAMA
Birmingham
Cresanta, Daniel A.
Perley, Abraham I.
Powell, Sam M., Jr.
Huntsville
Goodson, William H., Jr.
Mobile
McCullough, David L.
Mountain Brook
Lell, William
South Birmingham
Pittman, James A., Jr.

ALASKA
Anchorage
Cannon, Woodward

ARIZONA
Phoenix
Bendheim, Otto L.
Blubaugh, Sidney A.
Wilcox, Roger E.
Tuba City
Porvaznik, John T., Jr.
Tucson
Geha, Dwight E.
Madden, John W.
Otto, Charles W.
van Ravenswaay, Arie C.

ARKANSAS
Little Rock
Diner, Wilma J.
Flacke, Joan W.
Haut, Arthur
Roth, Sanford I.
Thompson, Samuel B.
Wulfson, Howard D.

CALIFORNIA
Angwin
Rowe, John C.
Atherton
Steinbaum, Lola S.
Belvedere
Merrill, Bruce R.
Berkeley
Zwerdling, Michael A.
Beverly Hills
Chapman, C. Ethelyn
Ifeld, Frederick W.
Marcy, S. Michael
Bishop
Sheldon, David B.
Boulder Creek
Diamond, David B.
Burbank
Nathan, Martin J.
Burlingame
Amend, William J.C., Jr.
Carmel
Bisgard, James D.
Frost, Robert G.
Chula Vista
Goettsch, Elvira
Claremont
Ring, Robert III
Wilcox, John C.
Concord
Battat, Felix A.
Hunt, Richard T.N.
Costa Mesa
Owyang, Pauline
Culver City
Bell, Carol A.
Rosen, Victor J. Jr.
Davis
Dreyfus, Pierre M.
Spann, James F., Jr.
Downey
Stiles, Claire M.
Duarte
Rosen, Robert B.
El Cerrito
Mead, Sedgewick
Escondido
Livesay, Richard W.
Fontana
Papazian, Clement E.
Fountain Valley
Berke, aymond A.
Fresno
Tan, Chung-Chang
Glendale
billig, Harvey E., Jr.
Greenbrae
Burke, Mervyn F., Jr.
Hulter, Marilyn N.
Huntington Beach
Meister, Lester
Kentfield
Bengle, Armand L., Jr.
LaCanada
Chai, Joyce K. Wong
Laguna Hills
Golden, Ross
Janis, Kenneth M.
LaJolla
Kobayashi, Ronald M.
Sell, Stewart
Shean, Fredric C.
Stokes, Joseph III
Thomas, Arthur D.
Livermore
Mendelsohn, Mortimer L.
Loma Linda
Briggs, Burton A.
Jang, Guen C.
Long Beach
Ellery, Sidney W.
arassik, Steven L.
Legge, Robert F.
Yip, Larry
Los Altos Hills
Krikorian, John G.
Los Angeles
Ackerman, Irving P.
Arthur, Ransom J.
Ayres, Samuel Jr.
Boyes, Joseph H.
Cahan, Leslie D.
Chaflin, George L.
Cozen, Lewis N.
Forrester, Deborah M.
Francis, Charles K.A.
Harrison, Michael R.
Henderson, Brian E.
Langer, Glenn A.
Lawrence, John S.
Mason, Earle D.
McKeever, Francis M.
Mills, Lloyd, Jr.
O'Connell, Theodore X.
Pearson, Carl M.
Rolzt, Ellis L.
Rose, Augustus S.
Rosenblatt, Richard M.
Rosenkrantz, Jens G.
Sander6R. Wyman
Scholl, Albert J.
Shine, Kenneth I.
Sloane, Robert B.
Smith, Daniel H.
Solomon, James
Warren, Stafford L.
Wesley, John R.
Wilson, John C., Jr.

Zawacki, Bruce E.
Los Gatos
Stiff, Donald W.S.
Menlo ark
Montgomery, Orland F.
Valdee, Milton V.
Mill Valley
hill, William R., Jr.
Layzer, Robert B.
Modesto
Galbraith, Nicoll ., Jr.
Napa
Crutcher, William
Novato
Haswell, Howard P.
Oakland
Dunn, Fa-Chi
Duritz, Gilbert
Leeper, Roy W.
McNie, Allan B.
Orski, Barbara M.
Schoen, Edgar J.
Splithoff, Clarence A.
Orinda
Thomas, Robert L.
Palo Alto
Bunker, John P.
Cohn, Roy B.
Hovsepian, Jeannette A.
Josse, John W.
Korn, David
Kosek, Margaret .
Leiderman, P. Herbert
Newell, James W.
Noe, Joel M.
Perlstein, George
Swett, Richard B.
Tanner, Joseph B.
Palos Verdes Peninsula
Barrett, Peter Van D.
Pasadena
Cosby, Richard S.
Gentry, Robert W.
Pebble Beach
Dewey, Edward B.
Rancho Palos Verdes
Lee, Ching-Muh
Redwood City
Seltzer, Ronald A.
Soholt, Stanley T.
Sacramento
Horn, Carl E.
San Diego
Brannon, Leland C.
Curd, John D.
Garrity, Richard W.
Peabody, Homer D., Jr.
Riddle, David E.
Schauble, James F.
Smith, N. Ty
Vanderveen, James L.
Ward, Harold W., Jr.
San Francisco
Alston, Edwin F.
Baringer, J. Richard
Barnett, Charles G.
Char, Devron
Dillon, Victor M.
Duff, Arthur W.
Finley, Knox H.
Fishman, Robert A.
Fowler, Charles B.
Freed, Curt R.
Harrison, Marlow B.
Hartwig, Arthur R.
Klaeveman, Hayden L.
Lavorgna, John J.
Levin, Victor A.
Levy, S. William
Makel, Harry P.
Mellinger, George W.
Moffitt, Herbert C., Jr.
O'Machi, Rooney S.
Phillsbury, Philip L.
Prescott, Richmond
Quinn, Thomas J., Jr.
Roe, Benson B.
Roizen, Nancy J.
Rosenman, Leonard D.
Rukes, J. Max
Sampson, John J.
Sams, Bruce J., Jr.
Shaw, Edward B.
Shaw, Joseph L.
Siperstein, Marvin D.
Smith, Curtis E.
Smith, Lloyd H., Jr.
Starke, Rodman D.
Svensson, Thomas S.
Uyeda, Clifford I.
Wilson, Edward H., Jr.
San Jose
Brons, Ronald E.
McCort, James J.
San Luis Obispo
Spangler, Paul E.
San Mateo
Campbell, Charles R.
Hills, Oscar W.
Kenner, Gerald
Morrison, Gordon M.
Perl, Don C.
Ratcliffe, John W.
Smith, Charles M.
San Rafael
van Ravenswaay, Theodore
Santa Barbara
Luikart, Ralph H. II
Tanner, James W.
Vitt, Robert P.
Santa Cruz
Blade, William R.
Olson, Daniel J.
Rider, Robert F.
Santa Monica
Skinner, Donald G.
Wheeler, James H.
Santa Rosa
Keller, Albert R.
Sweat, R. Earle
Sepulveda
Saslow, George
Stanford
Birnholz, Jason C.
Dorman, John M.
Federman, Daniel D.
Jackson, Stephen H.
Marmor, Jane B.
Sox, Harold C., Jr.
Stunkard, Albert J.
Wilson, John L.
Stockton
Barth, Tucker A.
Brewster, Henry H.
West, Weldon W.
Torrance
Bauer, Reginald A.
Leake, Donald L.
Leake, Rosemary D.
Moyer, Dean LaR.
Roser, Steven M.
Shulman, Leonard A.
Truckee
Pier, Gardner
Vallejo
Mead, Sedgewich
Ventura
James, William J.
West Los Angeles
Graze, Peter R.
Woodland
Ryan, Keven G.
Traig, Alain L.

COLORADO
Boulder
Bedell, Richard F.

Colorado Springs
Donald, James H.
Denver
Brown, Robert K.
Claman, Henry N.
Eckhardt, Lloyd O.
Eiseman, Ben
Franz, Elmer M.
Hermann, Gilbert
Highbee, Daniel R.
Hughes, Harry C.
Jobe, Merrill C.
Kempezinski, Richard F.
Kopriva, Charles J.
Lehman, Ralph A.W.
Leidholt, John D.
MacMilan, Hugh A.
Matchett, Foster L.
Mitchel, Duane H.
Nellhaus, Gerhard
Organick, Avrum B.
Packard, George B.
Rhine, Mark
Robinson, William A.
Singleton, John W.
Susman, Morris H.
Toll, Giles D.
Waddell, William R.
Zwilich, Clifford W.
Fort Carson
Minette, Lawrence J.

CONNECTICUT
Andover
Woo, Sybil Wong
Branford
Marier, Robert L.
Bridgeport
Flagg, James A.
Burlington
Clough, Donald M.
Colebrook
Ragland, Stuart, Jr.
Danbury
Fornshell, Robert P.
Fairfield
Brauner, Gary J.
Farmington
Davidoff, Frank F.
Pike, Maurice M.
Gales Ferry
Aufranc, St. George T.
Guilford
Smith, Robert P.
Hamden
Hammond, M. Elizabeth H.
Hartford
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Greene, Gerald S.
Johnson, Paul R.
McPherson, Sidney R.
Moloney, David R.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Manchester
Breer, Robert D.
Milford
Timm, Alexander B., Jr.
Moodus
Berwick, Donald M.
New Britain
Bosco, Harold F.
New Haven
Abrahamian, H. Arto
Baue, Arthur E.
Cook, Charles D.
Dohrmann, George J.
Ewell, John W.
Farmer, Douglas A.
Finseth, Frederick J.
Fuldner, Russell V.
Glenn, William L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Meigs, J. Wister
Mesaros, Marie A.
Rogers, Orville F.
Schuntermann, Peter P.E.
Smith, Howard W.
Thach, William T., Jr.
Whitford, Warren
New London
Barry, Richard M.
Noank
Sutphen, John H.
Norwalk
Mulford, Edwin H. II
Rockville
Pina, Burt D.
Sharon
Gevalt, Frederick C., Jr.
Hajek, Joseph V.
Southport
Harris, H. Patterson, Jr.
Stamford
Kraut, Herbert L.
Stratford
Licciardello, Anthony T.
Wallingford
Smith, Robert P.
Washington
Tenney, Benjamin
Waterbury
Berg, Gerald R.
West Hartford
Coley, Mary S.
Hepburn, Robert H.
Klein, Michael D.
Riege, David H.
West Haven
Boger, William P.
Woodstock
Forbes, Cecile P.

DELAWARE
Wilmington
Maroney, John W.

DISTRICT OF COLUMBIA
Breslow, Alexander
Cantor, Frederick K.
DePriest, Oscar S.
Dinarello, Charles A.
Greene, Mark H.
Heller, Robert S.
Hobson, Lawrence B.
Koppel, Elizabeth A.
Long, John C.
Luessenhop, Alfred J.
McCune, William S.
Minna, John D.
Nigra, Thomas P.
Mimetz, Allen A.
Randolph, Judson G.
Raphling, David L.
Ruffin, Marshall deG.
Rutman, Joel
Watts, James W. II
White, Alan F.
Wood, William E.

FLORIDA
Boca Raton
Saunders, George M.
Clearwater
Logue, Patrick J.
Cocoa Beach
Crawford, George F.
Coral Gables
Smith, Robert S.

Deerfield Beach
Fish, James E.
Fort Lauderdale
Simon, Royal L.
Fort Pierce
Waring, Elmar S.
Gainesville
DeBusk, Franklin L.
Kaufman, Herbert E.
Keitt, Alan S.
Schiebler, Gerald L.
Wheeler, William F., Jr.
Jacksonville
Conn, Melvin L.
Davis, James McC.
Rogers, Kent E.
Jupiter
Smithwick, Reginald H.
Lakeland
Fuller, Henry
Thompson, Edgar B. III
Miami
Buckley, David K.
Ehrenkranz, N. Joel
Levey, Gerald S.
Sanders, Jay H.
Williams, Willis H.
Miami Beach
Caplan, Lewis
Greenberg, Jack J.
Grossman, Milton S.
Naples
Williams, Roger N.
Orange Park
Dedrick, Daniel F.
Zavisca, Frank G.
Orlando
Broome, Robert A.
Eliscu, Edward H.
Palm Bay
Sycamore, Leslie K.
Panama City
Provan, John
Waxman, Bruce A.
Pensacola
Holmes, S. Grant
Pumam County
Sheldon, Charles P.
St. Petersburg
Baker, Wilpam G., Jr.
Sarasota
Clement, S. Preston, Jr.
Lewis, Allen S.
Malkin, Richard B.
Patterson, Russell H.
Sewell, Jack B.
Shamsey, Robert L.
Vanca, Robert G.
Tampa
Drewry, Garth R.
O'Connor, Thomas A.
Venice
Radcliffe, Ernest J.
Warrington
Graybiel, Ashton

GEORGIA

Atlanta
Cobbs, Beverly W., Jr.
Craver, Joe M.
Dillon, Harold T., Jr.
Dimon, Joseph H. III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Liss, Robert A.
Rosenberg, Mark L.
Stone, Lawrence B.
Trowbridge, Frederick L.
Tuttle, Elbert P., Jr.
Augusta
Haas, Melvyn L.
Brunswick
Ward, Albert J.
Carrollton
Brock, Benjamin L.
Columbus
Vaughan, Robert H.
East Point
Tucker, Robert P.
Gainesville
Banks, Rafe, Jr.
LaGrange
Copeland, Robert B.
Marietta
Mathis, William H., Jr.
Savannah
Brown, F. Bert
Carlton, Frank E.
Sea Island
Wood, James A.
Smyrna
Eaton, S. Boyd

HAWAII

Honolulu
Severson, Larry J.
Stewart, Steele F.
Straehley, Clifford J., Jr.
Wong, Livingston M.F.
Yee, Lester P.K.

IDAHO

Boise
Myers, Harvey A.P.

ILLINOIS

Argonne
Brues, Austin M.
Belleville
Maier, Ward R.
Chatham
Miller, William L.
Chicago
Barron, Kenneth G.
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
DeGroot, Leslie J.
Drachman, David A.
Fisher, Morris A.
Freinkel, Ruth K.
Goldberg, Leon I.
Goulian, Mehran
Howe, Henry F.
Kahan, Barry D.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Oparil, Suzanne
Paul, Oglesby
Pietra, Guiseppe G.
Rabinowitz, Murray
Replogle, Robert L.
Rosenberg, Irwin H.
Shorey, William D.
Weinger, Jesse M.
Hinsdale
Hall, Buford
Jacksonville
Norbury, Frank B.
LaGrange
Fazioli, Ruth A.
Lake Bluff
Ward, John L.
Maywood
Connelly, John P.
Springfield
McGann, Robert C.
Urbana
Bloomfield, Daniel K.
Waukegan
Waldeman, Jerome

INDIANA

Anderson
Weiss, Louis L.

Hammond
Peiffer, Geraldine M.
Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Wishard, William N., Jr.
Richmond
Kennedy, Robert P.

IOWA
Cedar Falls
Harden, Lewis B.
DesMoines
Gordon, Arnold M.
Iowa City
Corry, Robert J.
Larson, Carroll B.
Locksley, Herbert B.
Waterloo
Bickley, Donald W.

KANSAS
Kansas City
Asher, Marc A.

KENTUCKY
Anchorage
Towery, Beverly T.
Lexington
Hutton, John J., Jr.
Mansky, Peter A.
Maruyama, Yosh
Sandifer, Myron G., Jr.
Scott, Thornton
Wheeler, Warren E.
Louisville
Atherton, L. Douglas
Bate, John T.
Canty, Timothy G.
Harter, John S.
May, James W., Jr.
Rogers, Mark C.
Westerfield, Larry H.

LOUISIANA
Baton Rouge
Hansen, Robert H.
Madey, Stephen L.
New Orleans
Morris, Harry D.
Sullivan, Philip H.
Shreveport
Embree, Larry J.
Ledbetter, Betsy A.
Reed, Carson R., Jr.

MAINE
Auburn
Thacker, Henry C.
Augusta
Collins, H. Douglas
Stinchfield, Alan J.
Bangor
Brown, Lloyd
Brown, Robert H.
Clement, James D., Jr.
Kaiser, John S.
Bar Harbor
Gilmore, Edward B.
Bath
Burden, Charles E.
Brunswick
Macomber, Donald
Cape Elizabeth
Stocks, Joseph F.
Ellsworth
Suyama, Eji
Friendship
Frost, Harold M.
Kittery
Snyder, Monica H.
Snyder, William H., Jr.
Portland
Bidwell, Robinson LeR. II
Fritz, Ronald E.
Gilbert, Stuart G.
Hawkes, Richard S.
Hiebert, Clement A.
Leonard, Laurence M.
Thompson, Philip P., Jr.
Ware, Roland G., Jr.
Readfield
McPhedran, Alexander M.
Saco
Stevens, Harold W.
Sanford
Ogden, Ralph T.

MARYLAND
Baltimore
Asbury, Robert F.
Becker, Lewis C.
Feldman, Joel J.
Firminger, Harlan I.
Friedman, Stanford B.
Fritz, William F.
Gay, Leslie N.
Howard, John E.
Imembo, Anthony L.
Issacs, James P.
King, W. Bradley, Jr.
Littlefield, John W.
Marshall, Fray F.
Mayer, Richard F.
McIntyre, Patricia A.
Middlebrook, Gardner
Oh, Kook S.
Ryan, James
Schaeffer, Allen H.
Symonds, Daniel A.
Talalay, Paul
Talamo, Richard C.
Von Kessler, Kirby L.C.
Walsher, Mackenzie
Weisfeldt, Myron L.
Zuidema, George D.
Bethesda
Ackerstein, Harold
Arenson, Ronald L.
Ballenger, James C.
Bear, David M.
Beckman, Edwin
Berzofsky, Jay A.
Brem, Steven
Brewer, H. Bryan, Jr.
Brown, Crawford S.
Burke, Robert E.
Chase, Thomas N.
Cohen, Philip
Cole, Enser W. III
Collins, Robert C.
Crystall, Ronald G.
Dedrick, Carolyn GX.
Doroshow, James H.
Edelson, Richard L.
Fisher, Richard I.
Gimbrone, Michael A., Jr.
Glass, Andrew C.
Goodgame, John T.
Grave, Gilman D.
Helms, Charles
Herberman, Ronald B.
Hochberg, Mark S.
Hodes, Richard J.
Hooper, David C.
Hosea, Stephen W.
Howeley, Peter M.
Klempner, Mark S.J.
Kolins, Jerry
Koopman, William J. III
Leslie, Bruce R.
Levis, William R.
Levy, Ronald
Lowe, Charles U.
Marx, Stephen J.
Meltzer, Monte S.
Mudd, S. Harvey
Nathan, Carl F.

Oster, Martin W.
Parillo, Joseph E.
Popper, Charles W.
Post, Robert M.
Reilly, James J., Jr.
Ricks, John E.
Rogentine, George N., Jr.
Root, Richard K.
Rose, Morton H.
Rosen, Robert A.
Rosenthal, Susan N.
Sachs, David H.
Scardino, Peter T.
Schaner, Everett G.
Scott, Chester F.
Schulman, Joseph D.
Scolnick, Edward M.
Smith, R. Graham
Spiegel, Allen M.
Tenpas, John H.
Thorpe, William P.
Torch, William C.
Waldmann, Thomas A.
Webster, Henry deF.
Wolff, Jan
Young, Neal S.
Zusman, Randall M.

Chevy Chase
Broadus, Arthur E.
McFarlane, Anne D.

College Park
Kumpe, David A.

Columbia
Currie, Richard D.

Easton
Gieske, Judith P.
Harper, David T., Jr.

Gaithersburg
Wilson, Norman E.

Kensington
Brooks, Benjamin G.

Owings Mills
Greene, D. Crosby, Jr.

Rockville
Agus, Saul G.
Cohen, Max H.
Regier, Darrel A.
Sheagren, John N.
Williams, Melvin W.

Silver Spring
Mirkin, Gavriel B.
Waldmann, Katharine S.

Towson
Adams, John E.

MASSACHUSETTS

Acton
Boardman, Donnell W.

Andover
Seeley, Clinton B.
Waddington, Earle J.
Weylman, Walter T.

Arlington
Burbank, Charles B.
Chaglassian, John H.
Herzan, Helen M.
Olin, Morton J.
Saunders, Gordon A.

Attleboro
Hill, Leonard W.
Rae, Donald B.

Auburndale
Levine, Herbert O.

Bedford
Clifford, M. Henry

Belmont
Altman, Jack L.
Bornstein, Irving D.
Crone, Neil L.
deMarneffe, Francis L.A.
Dierker, Louise A.
Farnsworth, Dana L.
Fern, Donald J.
Fischberg, Bruce W.
Garrard, Sterling D.
Howard, Paul M.
Hurston, Ronald O.
Kagan, Jerome
Sleeper, Edward L.
Stanton, Alfred H.
Toll, Karel van Syckel
Walter, Mark M., Jr.
Washburn, Stephen L.
Weingarten, Charles H.
Woods, Bryan T.

Beverly
Alt, Richard E.
Bacon, William B.
Caudill, Estill L.
Fienberg, Robert
Lambins, Burham E.
MacDonald, Alexander S.J.
Maloney, Randolph D.
Otto, William J., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Shea, Thomas E.
Sneddon, Ernest A.

Boston
Aaron, Roy K.
Abbott, John A.
Abbott, William M.
Aber, Robert C.
Abernethy, Robert S.
Abraham, Henry D.
Abrahm, Janet Lee
Abramowitz, Harold
Ackerman, Robert H.
Ackil, Albert A.
Adams, F. Dennette
Adams, John, Jr.
Adams, John B.
Adams, Patricia C.
Adams, Raymond D.
Adams, William P.
Addante, Rocco R.
Agnew, Malcolm E.
Ahluwalia, Bhagwat D.
Aikawa, Naoki
Aisenberg, Alan C.
Albert, Thomas W.
Albright, Nile
Ali, Hassan H.
Allen, David F.
Allen, Henry F.
Allsop, John R.
Allyn, Thomas R.
Alonso, Anne W.
Alpert, M. Elliot
Alpert, Nathaniel M.
Altbaum, Robert A.
Althausen, Alex F.
Alton, William J.
Amadio, Peter C.
Ames, Adelbert III
Ammon, John R.
Anderson, Frank H.
Anderson, Jeffrey L.
Anderson, William H.
Andres, Joel M.
Andrew, Norman W.
Antel, Jack P.
Antonio, Robert P.
Antoon, Alia Y.
Aprille, June R.
Apter, Roy J.
Aquino, Telmo M.
Arees, Edward A.
Arnason, Barry G.W.
Arndt, Kenneth A.
Aronow, Saul
Arroyo, Maria D.
Aserkoff, Bernard R.
Astrom, Karl E.
Athanasoulis, Christos A.
Atkins, Leonard
Atweh, Samir F.

Auerbach, David A.
Aufranc, Otto E.
Ausiello, Dennis A.
Austen, K. Frank
Austen, W. Gerald
Autor, Sherry B.
Averill, Robert M., Jr.
Avruch, Joseph
Axelrod, Lloyd
Baden, Howard P.
Badger, Theodore L.
Baird, Roger N.
Baker, Ann L.S.
Baker, George P.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baldessarini, Ross J.
Baldwin, John C.
Ballantine, H. Thomas Jr.
Bandman, Everett
Banks, Henry H.
Barker, Robert H.
Barlow, John S.
Barnes, Ann B.
Barnes, Benjamin A.
Barnett, G. Octo
Barr, Joseph S., Jr.
Barrett, James E.
Barry, Herbert, Jr.
Barsh, Laurenca I.
Barsky, Arthur J.
Battit, George E.
Bauer, Frederik L.R.
Baum, Victor C.
Bauman, Margaret L.
Bauman, Roger A.
Beardslee, William R.
Beck, Clyde H., Jr.
Beck, William S.
Becker, Carter M.
Becker, Daniel I.
Becker, David J.
Beecher, Henry K.
Behringer, Glenn E.
Beiser, Morton
Beitins, Inese Z.
Beller, George A.
Belsey, Richard E.
Bennion, Lynn J.
Benz, Ronald R.
Bercu, Barry B.
Berenberg, William
Berger, Eric G.
Bergman, Ira
Berkowitz, Ivor D.
Berkowitz, Leonard B.
Bernad, Peter
Bernstein, Norman R.
Bertolami, Charles N.
Bhan, Atul K.
Biebuyck, Julien F.
Bierbaum, Benjamin E.
Bigby, Michael E.
Biggs, Peter J.
Bigos, Stanley T.
Biller, Bruce J.
Bird, Kenneth T.
Biswas, Chitra
Biswas, Ritendrak
Black, Edward B.
Black, Paul H.
Black, Peter M.
Blacker, Edward
Blanco, Maria C.
Blanco, Pedro S.
Bland, Edward F.
Bland, John H.L.
Blank, Irvin H.
Bloch, Kurt J.
Block, Peter C.
Bloom, Edward R.
Blumenthal, David
Blumer, Dietrich P.
Bode, Hans H.
Bodnar, Andrew G.
Bogosian, Armen J.
Boland, Arthur L.
Bondoc, Conrado C.
Borah, Gregory L.
Borden, Spencer IV
Borofsky, Gerald L.
Borus, Jonathan F.
Botstein, Paul
Boucher, Charles A.
Boucher, Robert
Bowie, Jack E.
Boxer, Michael A.
Boyd, Peter R.
Boyd, Robert E. III
Boyd, Robert J.
Boyer, Arthur L.
Bradley, Richard D.
Braitman, Barbara S.
Braslow, Nelson M.
Braun, Jory L.
Bredlin, Hugh C.
Brendler, Samuel J.
Brendze, Robert B.
Brewster, David C.
Bringhurst, Franklin R.
Briselli, Michael F.
Brismar, Jan O.G.
Brook, Jacob G.
Brooks, Carolyn J.
Broudy, Arnold S.
Brown, C. Alan
Brown, Stephen G.
Brown, Thornton
Browne, Thomas R.
Brownell, Gordon L.
Bruner, John M.R.
Bruns, Romaine R.
Bucher, Nancy L.R.
Buchwald, Irwin A.
Buckley, Mortimer J.
Bugnone, Guillermo A.
Bunting, Douglas III
Burdick, James F.
Burke, Donald S.
Burke, John F.
Burnes, Daniel C.
Burnham, Charles A.
Burstein, Nelson A.
Burton, James A.
Bush, Michael A.
Bushnell, Leonard S.
Burchart, Eric C.
Byers, Randolph K.
Cable, William J.
Cade, Jerry D.
Calderwood, Stephen B.
Cameron, Fergus M.
Campbell, Crawford J.
Campion, Edward W.
Caner, G. Colket
Canessa, Mitzy L.
Cannellos, George P.
Cannon, Bradford
Cannon, Lovick E.
Caplan, Charles H.
Caplan, Gerald
Caplan, Louis R.
Carabello, Blase A.
Carey, Robert W.
Carnes, Harold A.
Carter, Edward A.
Carter, Edwin L.
Carvalho, Angelina C.
Cass, John W.
Cass, William
Cassem, Edwin H.
Casten, Virgil G.
Castleman, Benjamin
Castro, Francisco R.
Castronovo, Frank P., Jr.
Cavanaugh, James J.A.
Cave, Edwin F.

Caviness, Verne S., Jr.
Chaharyn, Joanne C.
Chan, William B.
Chandler, Hugh P.
Chang, Gloria J.
Chang, Sidney E.
Chapin, David S.
Chapman, Earle M.
Chapman, Paul H.
Chayet, Neil L.
Chedekel, David S.
Cheeseman, Sarah H.
Chelmicka-Kizlich, Ewa E.
Cheng, Vincent S.
Cherlin, Richard S.
Chesler, David A.
Chess, Leonard
Chiang, Han Twu
Choi, Chan H.
Chou, Iih-Nan
Chriutopher, Charles W.
Chu, Ann Maria
Churchill, W. Hallowell, Jr.
Clark, Mark W.
Clark, Mary B.
Clegg, Herbert W.
Clemmons, David R.
Clifford, Stewart H.
Cloherty, John P.
Clopath, Peter
Clouse, Melvin E.
Cochavi, Saadia
Cochran, William D.
Codington, John F.
Coggins, Cecil H.
Cohan, Lawrence D.
Cohen, Alfred M.
Cohen, Benjamin E.
Cohen, Carla B.
Cohen, Elliott L.
Cohen, George L.
Cohen, Jonathan
Cohen, Mandel E.
Cohen, Raquel E.
Cohen, Richard B.
Cohen, Roberta B.
Cohen, Suzanne L.
Cole, Edwin M.
Coleman, David L.
Coleman, William S.
Colton, Clark K.
Colvin, Robert B.
Common, Jane R.
Conners, C. Keith
Connolly, Thomas W.
Constable, John D.
Constantinople, Nicholas L.
Cook, I. Kathleen
Coons, Albert H.
Cooper, Jeffrey B.
Cooperman, Sheldon
Cope, Oliver
Cordero, Jose F.
Cordova, Arturo
Cori, Carl F.
Corkery, Joseph C.
Corkin, Suzanne H.
Correia, John A.
Correll, Joan E.
Cosimi, A. Benedict
Cotruvo, Vincent P.
Couche, Roland M.
Coutts, Glenn L.
Covino, Benjamin G.
Crapo, Lawrence M.
Crawford, John D.
Cromer, Ward J.
Crone, Robert K.
Cronkhite, Leonard W., Jr.
Cronlund, Malcolm M.
Crooks, Kiran K.
Crowell, Robert M.
Crowley, William F., Jr.
Cullen, David J.
Culver, Perry J.
Curfman, Gregory D.
Curren, Franklin C.
Currens, James H.
Curwen, William L.
Cywinski, Josef K.
Daggett, Willard M., Jr.
Dagi, Teodoro F.
Dalton, Brian C.
Dalton, John C.
Daly, James J.
Daly, John S.F.
D'Amour, Monique L.
D'Amour, Pierre
Daniel, Peter F.
Daniels, Gilbert H.
Darling, R. Clement
d'Autremont, Chester C.
David, John R.
Davidson, Betty A.
Davidson, John B.
Davies, Michael J.
Davis, Fred G.
Davis, James M. III
Davis, Joseph E.
Davis, Kenneth R.
Davison, J. Kenneth
Dayer, Jean-Michael
DeBros, Frederic M.
Dell, Paul C.
Delmonico, Francis L.
Delong, G. Robert
DeMaso, David R.
Dembner, Alan G.
Demirjian, Zareh N.
Derkac, Wayne M.
Dervan, Peter A.
DeSanctis, Roman W.
Deutsch, Stephen D.
Deveau, Linda A.
Deykin, Daniel
DiBona, Ronald R.
Dickerson, G. Richard
DiMarco, John P.
Dimsdale, Joel E.
Dineen, James J.
Dinsmore, Robert E.
Ditton, John N.
Dixon, Richard E.
Dixon, Suzanne D.
Dodson, Thomas F.
Dohan, Francis C., Jr.
Donaldson, Gordon A.
Donaldson, Magruder C.
Donelan, Matthias B.
Donlon, John V., Jr.
Donoff, R. Bruce
Donovan, Donald D.
Dooling, Elizabeth C.
Doppke, Karen P.
Dos Santos, Maria Julia L.
Doyle, Gerald J.
Draskoczy, Camille B.
Driesbach, James N.
Dretler, Stephen P.
Drew, Michael A.
Dreyfuss, Jack R.
Drop, Lambertus J.
Dudani, Niranjankumar
Dumont, Matthew P.
Durant, Thomas S.
Dvorak, Ann M.
Dvorak, Harold F.
Dywer, Thomas F.
Earls, Felton J. III
Ebeid, Amin M.
Edmondson, Richard H.
Ehrlich, H. Paul
Ehrlich, Michael G.
Eisenberg, Leon
Eisenthal, Sherman
Eliot, Gail R.
Ellis, Daniel S.
Ellis, Lawrence B.

Ellis, Ronald D.
Ellman, Leonard L.
Elman, Arthur J.
Emans, John B. II
Emerson, Clifton W.
Engel, Lewis L.
England, Albert C., Jr.
Epp, Edward R.
Epstein, Michael F.
Erana, Luis
Erbe, Richard W.
Erdmann, A. John III
Erman, Milton K.
Eron, Lawrence J.
Escourrou, Jean C.
Esslinger, John O.
Estes, Joseph W.
Evans, David R.
Evans, Robert E.
Eyre, David R.
Fagenholz, S. Allen
Fagundes, Luiz A.
Fahey, Stephen R.
Fahmy, Nabil R.
Fair, Paul L.
Faix, James D.
Falk, William E.
Fallon, John T.
Falltrick, Robert T.
Fang, Leslie S.
Bashir-Farahmand, Jaleh
Farhadi, Amir M.
Farhadi, Maria S.
Farivar, Mohammad
Farnham, Jack E.
Farquhar, Barbara B.
Fawcett, Don W.
Feingold, David S.
Feingold, Murray
Feldman, Geraldine G.
Feller, Edward R.
Fenichel, Robert R.
Fernandez, Raymond J.
Ferrell, Robert W., Jr.
Ferris, Benjamin G.
Ferrucci, Joseph T.
Field, Mark G.
Field, Richard A.
Fine, Jacob
Fink, David J.
Finkelstein, Stan N.
Finkelstein, Warren
Fischer, Edwin G.
Fischer, Josef E.
Fischer, Keith C.
Fischetti, Michael R.
Fisher, C. Miller
Fisk, Samuel H.
Fitzhugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Fleming, T. Corwin
Flint, Gregory L.
Floyd, William N.
Fogelson, Frederick S.
Folkman, M. Judah
Foote, Warren E.
Forbes, Anne P.
Ford, Henry C.
Forger, John M. III
Foster, Gerald S.
Fox, Lowell E.
Fox, Sherman
Fozard, James L.
Frank, Arlene F.
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Fraser, Helen R.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Frega, Norberto S.
Fremont-Smith, Maurice
Friedlaender, Robert P.
Friedlich, Allan L.
Friedman, Joel
Friedman, Rochelle R.
Friedman, Ronald D.
Fromer, John L.
Fuller, Arlan F.
Fuller, Thomas C.
Funkenstein, H. Harris
Gagliano, Angelo
Galabini, James J.
Gallagher, Michael J.
Galli, Stephen J.
Gambill, John D.
Gammon, Maureen T.
Ganz, Robert N.
Gardella, Joseph W.
Gardner, David G.
Gardner, George E.
Garg, Hari G.
Garland, Rebecca C.
Garrett, John C.
Garrett, John W.D.
Garvey, Thomas Q.
Gates, Phillip H.
Gayes, James M.
Geffin, Bennie
Geffin, Gillian A.
Gelenberg, Alan J.
Geller, Richard J.
Gelman, Martin L.
George, Anthony
Gerber, Bernard M.
Gephart, F. Thomas
Gergely, John
Gerson, Sylvia C.
Gerweck, Leo E.
Gibbs, Richard F.
Gibson, Robert C.
Gilbert, Jeffrey M.
Gilchrest, Barbara A.
Gissen, Aaron J.
Gitterman, Miriam M.
Gittes, Ruben F.
Glenn, William V., Jr.
Glick, Hyman
Glick, Thomas H.
Glicklich, Earl A.
Glimcher, Melvin J.
Glotzer, Donald J.
Glowacki, Julianne
Goings, Stella A.
Goitein, Michael
Gold, Herman K.
Goldberg, Alan H.
Goldblatt, Allan
Goldfein, Michael L.
Goldfinger, Stephen E.
Goldman, Lee
Goldmann, Donald A.
Goldring, Steven R.
Goldstein, Mark A.
Goldstein, Richard L.
Goldstein, Robert J.
Gonzales, Jose R.
Goodman, Max L.
Goodson, John D.
Gordon, Peter H.
Goroll, Allan H.
Gorski, Peter A.
Gottlieb, Sheldon K.
Goudsouzian, Nishan G.
Grabias, Stanley L.
Gravlee, Glenn P.
Green, Thomas H., Jr.
Greenblatt, David J.
Greene, Reginald E.
Greenes, Robert A.
Greenfield, Alan J.
Greenleaf, David T.
Greenstein, Robert
Greenwald, Michael A.
Greilsheimer, Howard M.
Griesemer, Robert D.

Grillo, Hermes C.
Griscom, N. Thorne
Groshong, Regina
Gross, Jerome
Gross, Peter L.
Grossman, Jerome H.
Grossman, Melvyn L.
Grover, John W.
Groves, James E.
Gruber, Gabriel G.
Grunfeld, Carl
Guggenheim, Frederick G.
Guiberteau, Milton J.
Guiney, Timothy E.
Gunderson, Leonard L.
Guralnick, Walter C.
Guyton, Robert A.
Guyton, Steven W.
Habener, Joel F.
Haber, Edgar
Haber, Jerome
Hackett, Thomas P.
Hainen, Ronald L.
Hales, Charles A.
Hall, Clive L.
Hall, Deborah A.
Hallowell, Phillips
Halsted, Douglas O.
Hammerman, Marc R.
Hammond, M. Elizabeth H.
Hand, Bernard R.
Hann, Lucy E.
Hanna, Eleanor Z.
Hansen, Reid H.
Harbin, William P.
Hardin, John A.
Harkness, Stephen H.
Harley, William D.
Harmel, Richard P., Jr.
Harnik, Eva
Harper, Richard W.
Harris, Jeffrey E.
Harris, William H.
Harrist, Terence J.
Harthorne, J. Warren
Harvey, Joan
Hashimoto, Ken
Havas, Stephen W.
Hawes, Lloyd E.
Hawk, John C.
Hayden, Jay G.
Hayes, Hamilton R.
Haynes, Harley A.
Hazard, William L.
Head, John M.
Heaney, John A.
Hedberg, Stephen E.
Hedley-Whyte, John
Heine, Mary C.
Heller, Daniel G.
Helme, Robert D.
Henderson, Mary
Hendren, W. Hardy
Heney, Niall M.
Henley, John W.
Henneman, Elwood
Hensle, Terry W.
Herbst, Arthur L.
Heros, Roberto C.
Herrin, John T.
Herscovics, Annette A.
Heslop, Malcolm J.
Heston, Julie L.
Hetzel, Frederick W.
Hicks, Robert H., Jr.
Hier, Daniel B.
Higgins, James T.
High, William L.
Highberger, John H.
Hilgenberg, Alan D.
Hill, Lawrence F.
Hill, William R., Jr.
Hillier, Robert K.
Hinton, Richard C.
Hirsch, Martin S.
Hirschfield, Irvin N.
Hnatowich, Donald J.
Hobbs, Eleanor T.
Hochberg, Fred H.
Hoffer, Edward P.
Hoffman, Robert M.
Hoffmann, Sandra S.
Holder, Richmond
Hollister, Nathaniel R.
Holmes, Lewis B.
Holter, Arlen R.
Homcy, Charles J.
Hood, Antoinette F.
Hoop, Bernard, Jr.
Hoover, Herbert C., Jr.
Hopkins, Cyrus C.
Howard, Stephen D.
Howe, Henry D.
Howell, Mary C.
Huber, William M.
Huddleston, James I.
Hudson, Terry M.
Hueter, David C.
Hugenberger, Paul W.
Huggins, Charles E.
Huizenga, Charles G.
Humphreys, Storer P.
;ghunt, Jettie V.
Hurt, R. Wayne
Hutcheson, Bellenden R.
Hutter, Adolph M., Jr.
Hyslop, Newton E., Jr.
Ingersoll, Francis M.
Inglis, George B.
Irr, Joseph D.
Irwin, Charles F.
Irwin, David
Irwin, John W.
Irwin, Robert J., Jr.
Isler, Robert J.
Isselbacher, Kurt J.
Ito, Yasuo
Jacobs, Edward E., Jr.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
Jacoby, Lee B.
Jaffer, Farooq
Jampel, Robert M.
Jasinka, Miroslawa T.
Javaheri, Shahrokh
Jayasankar, Subramanyan
Jean-Baptiste, Michel
Jeanloz, Robert W.
Jennings, Michael R.
Jergesen, Harry E.
Johnson, Eric H.
Johnson, G. Timothy
Johnson, Houston, Jr.
Johnson, Neil R.
Johnson, Richard A.
Johnson, Robert A.
Johnson, Sylvia C.
Johnson-Muller, Barbara P.
Jones, Frederick L.
Jones, Joseph C.
Jones, Thomas H.
Jones, William Norman
Joseph, Brian S.
Jovenich, James J.
Jung, Walter K.
Jupiter, Jesse B.
Justice, Norma S.
Kaban, Leonard B.
Kadir, Saadon
Kahan, Ronald S.
Kalckar, Herman M.
Kalish, Martin L.
Kalisher, Lester
Kamely, Daphne
Kameny, Stuart M.
Kanarek, David J.
Kane, Lewis W.

Kane, Robert A.
Kaplan, Joan C.
Karchmer, Adolf W.
Karian, Edward
Katz, Nevin M.
Kaufman, Sheldon D.
Kazanjian, Kenneth A.
Kazemi, Homayoun
Keenan, M. Edward
Keenan, Thomas J.
Keh, Pacita C.T.
Keim, Daniel E.
Keith, David A.
Keller, John W.
Keller, Martin B.
Keller, Robert B.
Kelley, Charles G.
Kelley, Rita M.
Kelly, Dorothy H.
Kelly, John P.W.
Kennedy, Sean K.
Kent, Peter D.
Kermanshahi, Mohsen
Kerr, Walter S., Jr.
Ketchum, William F.
Kety, Seymour S.
Keutmann, Henry T.
Khaw, Ban-An
Kieffer, J. David
Kien, Craig L.
Kikuchi, Yuzo
Kim, Jin Woo
Kim, Samuel H.
King, Mary Etta
Kirklin, James K.
Kirshner, Howard S.
Kistler, J. Philip
Kitajima, Masaki
Kitz, Richard J.
Kjellberg, Raymond N.
Klein, Jerome O.
Kleinman, George M.
Kleinman, Stephen C.
Klerman, Gerald L.
Kliman, Alan
Kliman, Bernard
Knapp, Peter H.
Kneisel, John J.
Kobayashi, Koichi
Kolodny, Edwin H.
Kolodny, Gerald M.
Kolodny, Nancy H.
Konstam, Marvin A.
Kopans, Daniel B.
Kornblith, Paul L.
Kosinski, Katherine S.
Kotake, Yahiro
Kouretas, Nicholas D.
Kourides, Ione A.
Kozol, Harry L.
Krane, Stephen M.
Kranes, Alfred
Krauthammer, Charles
Kravitz, Arthur R.
Krishamoorthy, Kalpathy S.
Krogstad, Donald J.
Kronenberg, Gretchen B.
Kronenberg, Henry M.
Krop, Thomas M.
Krudy, Adrian G.
Krug, Ernest F. III
Kubilus, Joseph
Kucharski, Anastasia
Kuehnle, Kristen J.
Kugimiya, Toyoki
Kumar, Ajit
Kumar, Joan R.
Kunz, Lawrence J.
Kushner, David C.
Labarca, Pedro
LaBella, Louis C.
Ladenson, Paul W.
Lable, Ira
Lahey, Philip J.
Landis, Dennis M.
Lane, Philip E.
Lanza, Richard C.
Lapey, Allen
LaPierre, Ives
Lappas, Demetrios G.
Latta, William B.
Lavelle, William G.
Laver, Myron B.
LaVigne, Gregory L.
Lavyne, Michael H.
Lawrence, Michael
Lawry, George V. II
Lawson, Dexter W.
Lazar, Gerald K.
Lazare, Aaron
Leaf, Alexander
Leape, Lucian L., Jr.
Lebowitz, Philip W.
Lee, Loretta D.
Lee, Yhu-Hsiung
Leeds, Harold C.
Leffert, Robert D.
Lehrich, James R.
Leinbach, Robert C.
LeMay, Marjorie J.
Lerman, Jacob
Lessing, Mark E.
Levene, Martin B.
Lever, Walter F.
Levine, Barry W.
Levine, David N.
Levine, Frederick H.
Levine, Herbert J.
Levine, Joel B.
Levine, Robert A.
Levinson, Stanley S.
Levisohn, Steven R.
Levy, Harvey L.
Levy, Lucien M.
Lew, Michael A.
Lew, Robert A.
Lewis, Michael B.
Lewis, Richard B.
Liberthson, Richard
Lichtenstein, Norman S.
Liland, Astrid E.
Lincoln, Robert C.
Linder, Scott Van
Ling, Ching C.
Lingeman, Avis J.
Linggood, Rita M.
Link, David A.
Link, Jennifer L.
Linos, Demetrios
Linsenmayer, Thomas F.
Lipinski, Joseph F.
Lippiello, Louis
Lipson, Lewis C.
Lipson, Loren G.
Lipson, Manuel J.
Lipson, Stephen J.
Liteplo, Merrill G.
Little, John B.
Littman, David
Liu, Letty M.
Liu, Philip
Livesay, Richard W.
Llewellyn, Henry
Lloyd, John B.
Lo, Hing-Har
Lombroso, Cesare T.
Long, John A.
Long, Michael C.
Lorefice, Laurence S.
Lorenz, Maria
Lott, Ira T.
Lowe, Robert
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
Lowis, Samuel
Ludwig, Alfred O.
Lundy, Nancy A.

Lupien, Gordon F.
Lutzker, John R.
Mabrey, Roy E.
MacAusland, William R., Jr.
MacDonald, Martha J.
Mack, John E.
Mackay, Malcolm
Macknin, Michael L.
MacLaughlin, David T.
Macmilan, Alexander S., Jr.
Mahaffey, Jane E.
Maier, Ward R.
Malamud, Daniel F.
Maloof, Farahe
Malt, Ronald A.
Mamen, Anitra E.
Manalan, Steven A.
Mancini, Eduardo
Mandel, Michel R.
Mandula, Barbara B.
Mankin, Henry J.
Mann, Walter
Mannik, John A.
Manschreck, Theo C.
Marble, Alexander
Marcus, Donald H.
Marenchic, Michael G.
Margolies, Michael N.
Mark, Eugene J.
Mark, Vernon H.
Marotta, Charles A.
Martin, Albert R.
Martin, Donald B.
Martino, Joseph A.
Martuza, Robert L.
Martyn, J. A. Jeevendra
Masland, Richard H.
Mason, Edward A.
Mass, Lawrence D.
Masters, Richard
Mathe, Aleksander
Mathieu, Alix
Mathis, Richard K.
Mathisen, Douglas J.
Matsuno, Takeo
Matthysse, Steven W.
Maxwell, Samuel L.
May, Lawrence A.
May, Roger J.
Mayman, Chaim I.
Maynard, Edwin P. III
Mayo, Clara
Mazur, John M.
McAlpine, Frederick S.
McArdle, Richard B.
McArthur, Janet W.
McCabe, Charles J.
McChesney, James D.
McCluskey, Robert T.
McCormack, William M.
McCormick, Mark G.
McCourt, William F.
McCully, Kilmer S.
McDermott, William W., Jr.
McEnany, M. Terry
McGovern, Thomas P.
McInnes, Roderick R.
McKenna, Paul
McKinlay, John B.
McKittrick, John B.
McKusick, Kenneth A.
McLaughlin, Ambrose P. III
McNeely, William F.
McNeil, Barbara J.
McPeek, Bucknam
Medrek, Theodore F.
Meistrell, Michael L.
Mendiondo, Oscar A.
Ment, Laura R.
Merk, Linda P.
Merrill, Roger G.
Messner, Edward
Mettler, Fred A.
Meyer, Robert M.
Micheli, Lyle J.
Michelson, Jost J.
Mignone, Robert J.
Mihm, Martin C., Jr.
Milgram, Robert W.
Miller, Alexander L.
Miller, Elliot V.
Miller, Janet C.
Miller, Keith W.
Miller, Lawrence M.
Miller, Stephen W.
Miller, Susan E.
Milligan, Janice E.
Mills, John A.
Mills, John W.
Miner, Richard L.
Minguez, Maria C.
Minter, Richard E.
Mitchell, Mark M.
Mitchell, Michael E.
Mitrovic, Dragoslav
Mittler, Gerry R.
Miura, Takashi
Moellering, Robert C.
Mohr, Jay Preston
Momose, K. Jack
Monaco, Anthony P.
Moolten, Frederick L.
Moore, Francis C.
Moore, Gordon T.
Moore, Melinda
Moore, Michael J.
Morawetz, Richard B.
Mordes, John P.
Morgan, Edward J.
Morgan, Richard J.
Morin, Christopher J.
Morison, Warwick L.
Morris, Madeline B.
Morris, Roger H.
Moser, Hugo W.
Mosher, David B.
Moss, Jonathan
Moyen, Bernard J.
Moylan, Fergus
Mueller, Harry L.
Mueller, Peter R.
Muenchow, Sharon K.
Muirhead, Donald M., Jr.
Mulley, Albert G.
Mullin, Charles S.
Mundth, Eldred D.
Murlas, Christopher G.
Murphy, Annetta L.
Murphy, Douglas A.
Murphy, John D.
Murphy, Richard A.
Murray, Barbara E.
Murray, Brian P.
Murray, Brian W.
Murray, George B.
Murray, Joseph E.
Murray, Marguerite E.
Nadas, Alexander S.
Nardell, Edward A.
Nardi, George L.
Nash, Theodore E.
Nasir-Un-Dun
Nath, Ronald L.
Neary, Joseph T.
Neely, Constance F.
Neer, Robert M.
Neiberg, Norman A.
Neimanis, Andris
Nelson, Curtis N.
Nelson, Michael H.
Nemiah, John C.
Neu, Carlos A.
Neuhauser, Duncan
Neuhauser, Edward B. D.
New, Paul F. J.
Newbower, Ronald S.
Newell, John L.
Newfield, Phillippa

Newhouse, Jeffrey H.
Newsome, David A.
Nickerson, Warren R.
Nieh, Peter T.
Nobel, Kenneth W.
Nolan, James A.
Noon, James P.
Norcross, John W.
Norris, Stephen H.
Northrup, Thomas E.
Novelline, Robert A.
Nozik, Daniel L.
Nussbaum, Samuel R.
O'Brien, J. Patrick
O'Connor, Joseph R. F.
O'Donnell, Thomas F.
Oh, Indong
Oh, Woo Hwan
O'Hara, Patrick
Ohm, Winifred W.
Ohman, John L., Jr.
Ojemann, Robert G.
Okayama, Minoru
O'Keefe, Dennis D.
Okun, Milton R.
O'Leary, Daniel H.
O'Malley, John E.
O'Malley, Terrence A.
O'Neill, Hugh C.
Oppenheim, Arnold R.
Orenstein, Neil S.
Orkin, Roslyn B.
Ornellas, Eugene P.
O'Rourke, Patricia P.
Ortonne, Jean-Paul E.
Oscarson, Jan E.
Ott, Kenneth H.
Ottinger, Leslie W.
Ouellette, Andre J.
Ozer, Howard, Jr.
Pachas, William N.
Palacios Urdaneta, Igor
Paley, Robert H.
Palmer, R. Sterling
Pang, Kam-Yee Y.
Panny, Susan R.
Panowicz, Thomas B.
Paolitto, Frank J.
Paretti, Joseph P.
Parker, Stephen W.
Parkhurst, Edward C.
Parks, Joe M.
Parmelee, Dean X.
Parrish, John A.
Parsons, John Anthony
Pasternak, Mark S.
Pasternak, Richard C.
Patel, Dineshkumar
Pathak, Madhukar A.
Patterson, Arthur K.
Patterson, Mary Kay
Patterson, Susan D.
Pauker, Stephen G.
Pauker, Susan P.
Pawlowski, Margaret M.
Pease, Francis B.
Peebles, Richard R.
Peebles, Thomas C.
Peimer, Clayton A.
Pendergrass, Henry P.
Pennington, Dewey G.
Perez-Figaredo, Rafael A.
Perlman, Jon A.
Perlo, Vincent P.
Persson, Mindy
Pessin, Michael
Peters, Charles
Peters, Virginia
Peyster, Robert G.
Pfister, Richard C.
Philbin, Daniel M.
Phillips, Anne W.
Phillips, David A.
Phillips, Harry R. III
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Pierce, R. Wendell
Pikula, John V.
Pilch, Ben Z.
Pinegree, Richard G.
Pinn, Vivian W.
Pitman, Susan A. W.
Plate, Janet M.
Platzer, William R.
Pohost, Gerald M.
Poitras, James W.
Poletti, Charles E.
Pollard, James J.
Pollard, Thomas D.
Pollen, Daniel A.
Pont, Allan
Pontoppidan, Henning
Porter, Huntington
Portoukalian, Jacques
Poskanzer, David C.
Poss, Robert I.
Post, Diana E.
Potsaid, Majik S.
Potts, John T.
Powell, Henry C.
Powell, Robert O.
Powell, William J., Jr.
Powers, Eric
Prien, Edwin L., Jr.
Primack, Marvin L.
Pringle, Michael J.
Prior, Roderick E.
Proffitt, Max R.
Proppe, Karl H.
Prot-Wald, Janine
Prout, George R., Jr.
Pruitt, Amy A.
Pryor, June W.
Pugh, Newell O., Jr.
Putschar, Walter G. J.
Quaroni, Andrea
Quinby, John T.
Quinby, William C., Jr.
Quindlen, Eugene A.
Quinn, Ruth S.
Raaf, John H.
Rabe, Edward F.
Robkin, Mitchell T.
Radin, Eric L.
Raines, Jeffrey K.
Raker, Edmond J.
Raker, John W.
Rakusanova, Tamara A.
Ramirez, Lincoln F.
Ramsey, Frederic M.
Ramsey, Paul G.
Rao, R. Subba
Rapaport, Eliezer
Ratnofsky, Steven F.
Re, Richard N.
Reid, Elizabeth A.
Reilly, M. Kathleen
Reimann, Inge M.
Reinherz, Ellis L.
Reiser, Stanley J.
Remensnyder, John P., Jr.
Renner, John A.
Reppert, Steven M.
Rever, George W.
Reyersbach, Gertrude C.
Reynolds, Stephen L.
Rhea, James T.
Rhodes, Arthur R.
Rice, Jack O.
Rice, Richard C.
Rich, Tyvin A.
Richardson, Edward P.
Richardson, George S.
Richardson, Walter P.
Richman, David P.
Ridway, E. Chester
Rie, Michael A.

Rieder, Sidney V.
Riggs, Suzanne G.
Rimmer, John D.
Rinaldo, Charles R.
Robbins, Laurence L.
Robboy, Stanley J.
Roberson, Glenn H.
Robert, Nicholas J.
Roberts, Andrew B.
Roberts, James T.
Robertson, Alan G.
Robertson, Charles W.
Robey, John S.
Robinson, Dwight R.
Robinson, John C.
Roblin, Richard O. III
Rockoff, Mark A.
Rodkey, Grant V.
Rodrigues, Janine T.
Roemer, Clifford E.
Rogers, William P., Jr.
Rojas, Boris
Romero, Jorge A.
Ropes, Marian W.
Ropper, Allan H.
Rosen, Harvey M.
Rosenbaum, Jerrold F.
Rosenberg, Earle H.
Rosenblatt, Malcolm L.
Rosenblatt, Michael
Rosow, Carl E.
Ross, Brian D.
Ross, Margaret S.
Rothman, Jonathan S.
Rothman, Kenneth
Rothstein, Peter T.
Rowe, Carter R.
Rowland, Christopher Van A., Jr.
Rubenstein, Joel J.
Rubin, Nina T.
Rubin, Robert H.
Rubin, Steven E.
Rubinstein, Joel F.
Runyon, Robert C.
Ruskin, Jeremy N.
Russell, Anthony H.
Russell, Paul S.
Russell, Robert G.
Russem, Peter D.
Russfield, Agnes B.
Rutan, James S.
Rutlen, David S.
Rutstein, David D.
Ryan, Kenneth J.
Ryan, John F.
Ryan, Kenneth J.
Ryan, Russell L.R.
Sacknoff, Eric
Safer, Paul K.
Sagar, Kiran B.
Sagar, Stephen M.
Saide, Judith D.
St. Goar, Walter T.
St. Onge, Richard A.
Salam, Maria V.Z.
Salib, Philip I.
Salzman, Edwin W.
Sammons, William A.
Samuels, David A.
Samuels, Martin A.
Sanchez, Guillermo C.
Sanadi, D. Rao
Sanders, Charles A.
Sandler, Allan I.
Sandstrom, Robert E.
Sarno, Robert C.
Sasahara, Arthur A.
Satin, David G.
Satten, Neal R.
Savarese, John J.
Sbokos, Costas G.
Scannell, J. Gordon
Schachar, Norman S.
Schaeffer, Derace L.
Schapiro, Robert H.
Scheflan, Michael
Scheinberg, Richard D.
Schenk, Worthington G., Jr.
Scherer, Peter W.
Scheuplein, Robert
Schiller, Alan L.
Schindelheim, Jonathan P.
Schlesinger, David H.
Schmid, Hermann A.
Schneider, Robert C.
Schnur, James A.
Schoenen, Jean M.
Schoolnik, Gary K.
Schreier, Herbert A.
Schulz, Milford D.
Schuster, Samuel R.
Schwartz, Daniel P.
Schwartz, Dennis E.
Schwartz, Gary E.
Schwartz, Harry C.
Schwartz, Jonathan M.
Schwartz, Joseph E.
Scott, Gregory E.
Scott, Jesse F.
Scott, Mary D.
Scott, R. Michael
Scott, Richard D.
Scott, William C. II
Scully, Robert E.
Seaman, William E.
Sears, John B.
Sedlacek, Robert S.
Seeman, Robert G.
Segre, Gino V.
Seinsheimer, Frank III
Seldin, Edward B.
Selinger, Samuel L.
Selverstone, Bertram
Selwyn, Adrian S.
Senior, Boris
Shaban, Mohammed Abd.
Shackleton, Bruce W.
Shafer, Linda C.
Shahani, Bhagwan T.
Shahian, David M.
Shahrokhi, Fereydoun
Shale, John H.
Shama, Steven K.
Shamberger, Robert C.
Shannon, Daniel C.
Shapiro, Stuart H.
Sharp, Geoffrey W.G.
Shastri, Jamini
Shaw, Lein-Chua
Shay, Jonathan
Shea, Cornelius
Sheehan, David V.
Sheffer, Albert L.
Shershow, John C.
Shields, Lawrence T.
Shih, Vivian
Shipley, William U.
Shklar, Gerald
Shore, Neil S.
Short, Charles L.
Shortsleeve, Michael J.
Shoyama, Yukihiro
Sicard, Raymond E.
Siedlecki, Jerzy B.
Siegel, Mark
Sifneos, Peter E.
Sigelman, David R.
Silber, G. Gershon
Silbermann, Neil N.
Silobricic, Vlatko
Silver, Donald M.
Silver, Marcia R.
Silverberg, Elizabeth L.
Silverstein, Peter R.
Simmons, David P.
Simmons, Jeffrey L.
Simon, Harvey B.
Simon, Sheldon

Simpson, Paul C., Jr.
Sinclair, Stephen H.
Sinesi, Sabino J.
Sirota, Ronald L.
Sisson, John H.
Skinner, James C.
Skinner, Mary D.
Slate, Jerome L.
Slater, Eve E.
Sledge, Clement B.
Slocum, Harvey C., Jr.
Slovik, David M.
Slovik, Lois S.
Smith, Barry H.
Smith, Bruce M.
Smith, Gene M.
Smith, Gerald N., Jr.
Smith, James C.
Smith, Joseph A.
Smith, Richard J.
Smith, Richard M.
Smith, Thomas W.
Smith, Thomas William
Snapper, James R.
Snider, Michael T.
Sniderman, Kenneth W.
Snodgrass, Samuel R.
Snyder, Benson R.
Snyder, John C.
Sobel, Harry J.
Sobel, Michael V.
Sober, Arthur J.
Soeters, Peter B.
Sohier, W. Davies, Jr.
Sokol, Gerald H.
Solis, Oscar J.
Solomon, Earl G.
Sonn, Miriam R.
Soper, William D.
Sosman, John L.
Soter, Nicholas A.
Souder, Daniel E.
Southmayd, William W.
Southwick, Frederick S.
Sprince, Nancy L.
Squires, Homer J.
Sreter, Frank A.
Stachiewicz, Danuta M.
Stadecker, Miguel J.
Stakes, John W. III
Stanski, Donald R.
Staub, Edward M.
Stead, Nancy W.
Steeves, Philip E.
Steinberg, Robert S.
Stene, John K., Jr.
Stephens, Duane D.
Stephens, Willie L.
Stephenson, Mary L.
Stern, Peter J.
Stern, Robert S.
Sternberg, Marc E.
Stetson, Richard P.
Stewart, Robert M.
Stock, Joseph R.
Stockman, Mark R.
Stoeckle, John D.
Stone, Bartlett H.
Stone, Jeffrey D.
Stossel, Thomas P.
Strauss, Gary M.
Strieder, Denise J.
Strole, William E., Jr.
Studney, Donald R.
Suaudeau, Jacques
Sugarbaker, Paul H.
Suit, Herman D.
Sullivan, Francis J.
Sullivan, Philip R.
Summers, Anne O.
Sundaram, Pennarthur
Surman, Owen S.
Swann, David A.
Swartz, Morton N.
Sweet, William H.
Szabo, George
Szyfelbein, Stanislaw
Szyfelbein, Wanda M.
Takacs, Frank A.
Taft, Edgar B.
Taft, Priscilla D.
Takahashi, Masaaki
Talbot, Nathan B.
Tanenbaum, Lewis
Tantam, Digby J.H.
Tarlov, Edward
Taveras, Juan M.
Taylor, Isaac M.
Taylor, Joseph H.
Taylor, William W.
Teicholz, Judith G.
Teplick, Richard S.
Tepper, Joel E.
Thibault, George E.
Thomas, Stephen J.
Thorndike, Janet
Thrift, Mary C.
Thurer, Robert L.
Tilley, Robert F.
Timberlake, William H.
Timothy, Adrian R.
Todd, Donald P.
Todres, Israel D.
Tolman, E. Laurie
Tolman, Maurice M.
Tomford, William W.
Tompkins, Eugene R.
Toole, Bryan P.
Toombs, Barry D.
Torsvik, Harold
Touchette, Paul E.
Trebbin, Wayne M.
Trelstad, Robert L.
Trockman, Gordon J.
Truax, Bradley T.
Truman, John T.
Tseng, Victor
Tully, George L. III
Twarog, Francis J.
Ulfelder, Howard
Ullman, M. David
Ulman, Kathleen H.
Vacanti, Joseph P.
Valdes, Pedro J.
Vanjonack, William J.
vanSonnenberg, Eric
Varadi, Steven
Verhey, Lynn J.
VerLee, Thomas R.
Vezeridis, Michael P.
Vickery, Austin L., Jr.
Vignola, Paul A.
Villar, Luis F.
Vlahakes, Gus J.
Waksmonski, Carol A.
Wales, Lee R.
Walker, Alexander M.
Walker, Peter F.
Walker, W. Allan
Walker-Nasir, Evelyne
Wall, Michael A.
Waller, David A.
Walsh, John W.
Walshe, Thomas M. III
Walter, Paul D.
Waltman, Arthur C.
Walton, David S.
Walton, Kenneth G.
Walzer, Sarita G.
Wands, Jack R.
Wang, Chiu-an
Wang, Chiu-Chen
Warren, Christopher D.
Warren, John J.
Warren, Richard
Warshaw, Andrew L.
Watkins, W. David
Watson, Barbara K.

Watts, Hugh G.
Waud, Barbara E.
Weber, Alfred L.
Webster, Edward W.
Wechsler, James S.
Weihl, Albert C. III
Weinberg, Arnold
Weinfeld, Marvin S.
Weinstein, Howard J.
Weinstein, Louis
Weintraub, Harold P.
Weintraub, Ronald M.
Weir, Gordon C.
Weiser, Milton M.
Weisman, Avery D.
Weiss, Alfred D.
Weiss, Charles
Weiss, Howard D.
Weissberger, Marshall A.
Weith, Herbert L.
Weitzman, Sigmund A.
Welch, Charles A.
Welch, Claude E.
Welch, John B.
Welch, Margot A.
Welch, William R.
Wells, Lionelle D.
Wells, Roe
Wellum, Glyn R.
Wenstrup, Robert S.
Wepsic, James G.
Westfall, Michael P.
Westphal, Danny M.
Wexler, Laura F.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
Whiffen, John R.
Whitmore, Erika L.
Wilkeson, Adele G.
Wilkins, Earle W., Jr.
Williams, Conger
Williams, Larry S.
Williams, Robert Sanders
Williams, Vernon P.
Williamson, Robin C.N.
Wilson, Roger S.
Winchester, Mark A.
Winickoff, Richard N.
Winkler, Gerald F.
Winn, Henry J.
Winslow, Boyd H.
Wintroub, Bruce U.
Winzelberg, Gary G.
Wiske, Martha S.
Wittenberg, Jack
Witters, Lee A.
Wolfe, Robert R.
Wolpow, Edward R.
Woo, Beverly
Wood, Lawrence C.
Wood, William C.
Woodruff, Lorande M.
Wooldridge, Douglas W.
Worden, J. William
Worobec, Thomas G.
Wray, Shirley H.
Wrenn, Simeon M.
Wu, Ai-Lien
Wyler, David J.
Wyman, Edwin T., Jr.
Yeatman, Lawrence A., Jr.
Yett, Harris S.
Yoder, Isabel C.S.
YonKondy, Joanne K.
Young, D. Michael
Young, Hugh H. II
Young, Melvin D.
Young, Richard S.K.
Young, Robert R.
Yurchak, Peter M.
Zack, Michael B.
Zaki, Mohamed S.A.
Zaleske, David J.
Zamecnik, Paul C.
Zapol, Warren M.
Zarins, Bertram
Zavisca, Frank G.
Zervas, Nicholas T.
Zielstorff, Rita D.
Zieper, Irving
Zimbler, Seymour
Zimin, Robert J.
Zir, Leonard M.
Zitin, Barry R.
Zitin, Melinda K.
Zuckerman, Pamela
Zuger, James H.
Zurawski, Vincent R., Jr.
Zusman, Douglas R.
Zwerling, Leonard J.

Brewster
Daland, Ernest M.

Bridgewater
Barrows, Lawrence J.

Brighton
Broderick, Thomas F., Jr.
Crothers, Omar D. III
Flynn, Robert E.
Loomis, James C.
O'Brien, Richard G.
Pais, Vernon M.

Brockton
Baker, Edward P., Jr.
Courey, W. Robert
Duncombe, Alfred L.
Mixter, Charles G., Jr.
Nebesar, Robert A.
Williams, Robert C.

Brookline
Barton, Theodore C.
Bernstein, Jerrold G.
Boudreau, Francis H.
Brownstein, Carlton S.
Burgin, Leo B.
Burrage, Walter S.
Chute, Richard
Cline, Herbert S.
Davidson, Gerald E.
Davies, John A.V.
Doonan, James M.
Faxon, Henry H.
Ferraro, Nathan F.
Galler, Janina R.
Goldthwait, Joel C.
Hall, Francis C.
Holland, Daniel J., Jr.
Levy, Bernard S.
Linton, Robert R.
Malcolm, John A.
Mushatt, Cecil
Nathan, Louis
Nickman, Steven L.
Parsons, Langdon
Platt, Orah S.
Potter, Maxwell G.
Record, Eugene E.
Salveson, Lawrence C.
Schatzki, Richard
Schatzki, Stefan C.
Sidman, Richard L.
Silverman, Samuel
Thomas, William H.
Villee, Dorothy
Waitzkin, Evelyn D.
Webster, Richard C.
White, James C.
Winsor, Allen P.
Wirthlin, LeRoy S.
Wolff, Louis
Yakovlev, Paul I.
Zaudy, Eleanore C.

Burlington
Barrett, John P., Jr.

Cambridge
Ackroyd, Frederick W.
Balch, Franklin G., Jr.
Bales, Robert F.

Bandler, Bernard
Beierholm, Edward A.
Binger, Carl A.L.
Bloomberg, Wilfred
Bock, Arlie V.
Boerstling, Herbert
Brazelton, T. Berry
Briefer, Caesar, Jr.
Butler, Henry E.
Cohen, Lucienne A.
Cannon, Helen C.
Carter, Franklin
Carter, George H.
Chiappa, Keith H.
Coles, Martin R.
Coolidge, John C.
Counter, Samuel A., Jr.
Davies, John A.K.
DeLucia, Salvatore
Deutsch, Helene
Dewey, C. Forbes, Jr.
Dreier, Theodore, Jr.
Eisenberg, Carola B.
Everett, Henry C. III
Feinhandler, Sherwin J.
Figman, Robert J.
Frank, Thomas
Gilbert, John P.
Gill, Peter Lawrence
Gordon, John E.
Growdon, John H.
Hass, Gerald
Howell, Stephen B.
Hubbard, Eliot, Jr.
Jones, H. Walter, Jr.
Kantrowitz, Paul A.
Koumans, Alfred J.R.
Langston, Charles S.
Lawrence, Robert S.
Lees, Robert S.
Leibel, Rudolph L.
Littlehale, Robert F.
Mann, Robert W.
Manson, James G.
McFarland, James C.
Merrill, Edward W.
Myers, Gordon S.
Paul, Igor L.
Pechet, Maurice M.
Petersen, Veronica S.
Pierce, Chester M.
Point, W. Warren
Porter, Phillip J.
Postel, Sholem
Rawdon, William K.
Rectanus, Daniel R.
Reid, Elizabeth A.
Rendall, Edward S.
Richie, Robert H., Jr.
Rosbrow, Susan R.
Ross, Ralph A.
Shelton, William R.
Stanbury, John B.
Steinberg, Gerald G.
Stone, Alan A.
Sturgis, Sommers H.
Thrasher, Elliot L.
Tingey, William H., Jr.
Umlas, Joel
Varma, Surendra K.
Wallace, James W.
Weinberg, Arnold N.
Wohl, Martin J.
Wurtman, Richard J.
Wyman, Stanley M.
Yaffee, Howard S.
Zwerdling, Robert G.

Carlisle
Wiesman, Harold J., Jr.

Charlestown
Allukian, Myron, Jr.
Bentley, Donald
Burns, Barbara J.
Cass, Leo M.
Dyer, Edward C.
Frank, Robert A.
Frankel, Jerold M.
Godley, Anne F.
Guthrie, Andrew D., Jr.
Jacobson, Alan M.
Leet, Robert K.
Regier, Darrel A.
Sachs, Benjamin
Stewart, Rege S.
Sweet, Roger H.
Wang, Chi Shiang
Wasserman, Linda

Chelsea
Baker, Everett B.
Billings, John A.
Cipolloni, Patsy B.
Feinerman, Arthur E.
Homer, Daryl R.
Oliver, Lanta C.
Porell, William J.
Richards, Sarah J.
Rinkle, Roy D.
Trucco, Marcelo B.
Winer, Jordan J.

Chestnut Hill
Dwight, Richard W.
Hodgson, John S.
Hoeffel, Gerald N.
Homans, John, Jr.
Knowles, John H.
Simon, Harold
Spellman, John W.
Thorndike, Augustus

Cohasset
Maltz, David L.
Sceery, Robert T.

Concord
Austin, Richard C.
Barrie, Joseph R.
Cantu, Robert C.
Ginandes, Shepard C.
Hadley, Terry P.
Hallenbeck, Dorr F., Jr.
Keuper, Charles S.
Norton, Paul L.
Pugliese, Michael M.
Rudnick, Jeffrey P.
Soutter, Lamar
Strickler, William L.
Toomey, Edward G.

Danvers
Essember, Lawrence J.
Fearer, Nathan H.
Hagopian, Peter B.
Hanlon, Thomas M.
Jones, Wallace A.
Nam, Sang Kyu
Padilla, Edna P.
Patton, Anthony S.
Tejwani, Nehchal V.

Dedham
Bartlett, Marshall K.
Osborne, Robert K.
Putnam, Henry M.
Sweetnam, George H.

Deerfield
Lynch, Phillip I.

Dover
Akins, Carlton M.
Clowes, George H.A., Jr.
Kinsey-Ruegg, Dera
Santoro, Benjamin T.

Duxbury
Clark, Richard J.
Fowler, Dwight M.
Whiskin, Frederick E.

East Boston
Minichiello, William E.

Edgartown
Mazar, Milton

Fall River
Hawes, Cornelius H.
Hill, Norman P.

Miller, Abbott R.
Smedley, Lois M.
Falmouth
Bixby, H. Irving
Christman, George
Heffron, Roderick
Palmer, Michael S.
Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.
Foxboro
Putnam, James J.
Framingham
Albert, Joseph
Carroll, Brian C.
Denton, Jane E.
Golden, Theodore S.
Helfant, Murray H.
Ingalls, Theodore H.
Kahn, Robert E.
Leeman, Cavin P.
Senghas, Richard E.
Gardner
McPeak, Clarence N.
Gloucester
Kline, Robert M.
Oder, Frederic E.
Rosenberg, Bruce M.
Great Barrington
Whitfield, Thomas J.
Greenfield
Buchanan, William R., Jr.
Jaros, Robert H.
McClelland, William K.
Moran, John E.
Groton
Pittman, Helen S.
Hathorne
Conboy, Edward A.
Haverhill
Malamud, Michael H.
Hingham
Dempsey, Peter A.
Eldredge, LeRoy L., Jr.
Holyoke
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
Leland, Katherine A.
Mathewson, Herbert O.
O'Malley, Austin F.
Osmond, John D. III
Rymzo, Walter T.
Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Graham, John R.
Luongo, Michael A.
Solomon, Harry C.
Lawrence
Fowler, Joseph W. III
O'Shea, James A.
Rosen, Neville
Shoaps, Keith B.
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Friedman, Leonard J.
Kahan, Eileen Blumenthal
Joseph, Alfred T.
Petersen, James A.
Sandhu, Hartej S.
Sites, Vincent R.
Lincoln
Keevil, Charles S., Jr.
Kubik, Charles S.
Lincoln Center
Hardy, Harriet L.
Longmeadow
Hopkins, Frederick S.
Lewis, James
Plotkin, Leonard H.
Rich, J. Gordon
Tractenberg, Howard A.
Lowell
Grant, George J.M.
Letsou, Vasilios G.
Norris, Ronald V.
Parsons, Edward F.
Lynn
Attia, Rafik Rizk
Iskander, Adly H.
Perlman, Donald M.
Sloane, Robert E.
Sarris, Spiros P.
Lynnfield
Simons, Laurence H.
Manchester
Fremont-Smith, Maurice
Huntington, Benjamin L.
Marblehead
d'Elseaux, Frank C.
Hopkins, Stanford W.
Kimball, Peter G.
Mattapoisett
Empson, Dora R.
Medford
Bennett, Doris R.
Kulka, J. Peter
Levine, Melvyn B.
Melrose
Glines, George A.
Goldman, Maury A.
Hormell, Robert S.
McCormack, Geraldine A.
Osgood, Herman A.
Milton
DeLorme, Thomas L.
Driscoll, Robert A.
Gregg, Ward I.
McGrath, Edward F.
Sullivan, Eugene R.
Toch, Rudolf
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Forget, Bernard G.
Ostheimer, Gerald W.
New Bedford
Gracia, Robert M.
Lewis, Emory O.
Simmons, Alvin J.
Tripp, Curtis C.
Velho, Lawrence F.
Newburyport
Hochstedler, Rowen M.
Newton
Brant, Rene S.
Cope, Stuart
Esmiol, Pattison
May, George A., Jr.
Renna, Francis S.
Speare, George S.
Newton Centre
Bonner, Francis J.
Carter, Lucille P.
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Egbert H.
Robinson, Edmond D.
Rutherford, Rondall W.
Smith, Judson A.
Valle, Alice W.
Newton Highlands
Brailey, Allen G.
Soloway, Albert H.
Newton Lower Falls
Brownsberger, Carl N.
Drapkin, Mark S.

Garcelon, Gerald G.
King, Howard S.
McGinty, John B.
Page, Lot B.

Newtonville
Hermann, Howard T.
Leber, Martin E.

Norfolk
Yatsuhashi, Masao

Northampton
Averill, James H.
Dinale, Franco R.
Tatlock, Hugh

North Andover
Rogers, Horatio
Wallwork, David W.

North Reading
Scanlon, John W.

Norwell
Kearsley, Richard B.
Malouf, Jamil
Mayo, Richard A.

Norwood
Perrotto, Joseph L.

Oak Bluffs
Claydon, Charles T.

Peabody
Lurie, Arthur S.

Pittsfield
Tracy, Robert J.

Plymouth
Hurxthal, Lewis M.
Rushforth, David J.

Quincy
Caruso, Michael G.
Ciano, Joseph F.
Gallagher, William F., Jr.
McCarthy, Philip L.
McGugan, A. David
Van Buskirk, David

Randolph
Donahoe, Patricia
Moore, Robert F.

Rockport
Heath, Clark W.

Roslindale
Linenthal, Arthur J.

Salem
Brennan, Charles G.
Brode, Marvin M.
Conway, Richard E.
Morse, Frank P.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Sweetland, Ralph C.
Taggart, F. Howard, Jr.
Thompson, Richard H.

Scituate
Joseph, John B.
Pozatek, Zigmunt W.

Somerville
Fosberg, Martin T.
Osler, David C.
Pollard, John T., Jr.

Southbridge
Steiner, Robert W.

South Duxbury
Shirley, J. Newton
Whiskin, Frederick E.

South Orleans
Dickson, William A.

South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.

South Yarmouth
Anderson, Elroy E.

Springfield
Franseen, Elmer F.
Huston, Lewis L.
Keating, Philip J.
Williams, David W.
Zacarian, Setrag A.

Stoneham
Mueller, H. Peter

Stoughton
Sullivan, William H.

Sudbury
Adelson, William J.
Johnson, F. George
Robinson, Michael J.

Swampscott
Cornetta, William J. III
Mayo, Frederick B.
Slater, Eliot M.

Teaticket
Taylor, John B.

Vineyard Haven
Butler, Allan M.

Waban
Cares, Herbert L.
Garrey, Walter E.
Green, Sidney
Moncure, Ashby C.
Olin, Harry S.
Simmons, Barry P.

Wakefield
Cohen, Saul H.
Fiascone, Arnold D.
Rosenthal, Murray K.

Waltham
Agranat, Barry J.
Akanuma, Hiroshi
Anderson, Donald F.
Arnett, Faye B.
Barber, Doris E.
Derer, Paul
Dulaney, John T.
Edelstein, Leon M.
Hardy, Irad B.
Holmes, Joseph A.
Jungalwala, Firoze B.
Kety, Josephine G.
Kishimoto, Yasuo
Kumar, Anil
Lewis, Joseph L.
Mackay, Harry A.
McCluer, Robert H.
Milunsky, Aubrey
Nigam, Mool P.
Papas, Arthur N.
Richter, James J.
Rosenberger, Peter B-B.
Shulman, Leonard B.
Sidman, Murray
Sinah, Inderjit
Spence, Richard J.
Stoddard, Lawrence T.
Stoffyn, Anne Marie
Stoffyn, Pierre J.
Valle, Calixto C.
Williams, Roger S.
Yavin, Ephraim
Zola, Irving K.

Wareham
Lincoln, James R.

Wellesley
Catlin, Randolph, Jr.
Flanagan, Norris B.
O'Sullivan, Renee B.
Phillips, Edgar B. II
Stifler, Richard B.

Wellesley Hills
Adams, Herbert D.
Bell, George O.
Cohen, John M.
Parker, Jack S.
Pfeffer, William, Jr.
Prather, George C.
Reidy, John A.
Siner, Myron
Stempien, J. Henry
Zeller, John W.

Wenham
Todd, Barnard P.

West Concord
First, Robert A.
Ruboy, Jordan S.
Saef, Edward C.
West Dennis
Derrick, Charles C.
West Harwich
Carney, Henry J.
West Newton
Kelley, Sylvester B.
Willer, Lee H.
Weston
Choras, Peter T.
Clark, John G., Jr.
Duffy, Frank H.
Gauld, A. Gordon
Haessler, Herbert A.
Harper, Gordon P.
Moreton, John R.
O'Shea, Kathleen T.
Park, Kyung M.
Vaughan, M. Clay
Wilkins, George F.
West Roxbury
Dickson, Dickie B.
Stewart, Thomas D.
Tasini, Miriam F.
Williamstown
Reynolds, George S.
Winchester
Annino, Donald J.
Felter, Jeffrie B.
Gross, Brian H.
Kaufmann, Gustav G.
Kenzora, John E.
Kermond, William L.
Love, Harry M.P.
Marks, George A.
McLean, John D.
Trevett, Laurence D.
Vogel, Albert V.
Woburn
Murphy, Michael D.
Woods Hole
Acheson, George H.
Corning, Howard B.
Egloff, Frank R.L.
Worcester
Benedict, Karl T., Jr.
Burrow, Jarrell G.
Carmody, John T.B.
Cutler, Bruce S.J.
Damiani, C. Robert
Duggan, John A.
Geiger, Ronald H.
Gibson, James M.
Harper, Robert S.
Hermann, John B.
James, Lewis P., Jr.
Janower, Murray L.
Johnson, Verner S.
Kadish, Sidney P.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Starobin, Oscar E.
Stone, Bernard B.
Vander Salm, Thomas J.
Weiner, Milton A.
Wheeler, Bancroft C.
Yankauer, Alfred
Zmyslowski, Walter P.

MICHIGAN
Ann Arbor
Behrendt, Douglas M.
Bishop, Ronald C.
Harrison, Timothy S.
Quarton, Gardner C.
Smilie, John W.
Sweet, Robert B.
Waldron, Alexander M.
Birmingham
Alexander, William H.
Arnstein, A. Robert
Leach, Charles A., Jr.
Russell, Henry N., Jr.
Detroit
Blodgett, William H.
DelGuidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphonse M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Youn, Chang H.
Zuelzer, Wolfgang W.
Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Herndon, James H.
Grosse Pointe
Krickstein, Herbert I.
Zukowski, Henry J.
Ionia
Tanheimer, John F.
Jackson
Munro, Nathan D.
Livonia
Abrahams, Saliem M.
Larson, Ronald R.

MINNESOTA
Golden Valley
Hakala, Thomas R.
Popkin, Michael K.
Minneapolis
Allen, David W.
Croll, Diane
DeCesare, Ronald E.
Florence, David W.
Fraley, Edwin E.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Markland, A. Colin
McKhann, Charles F.
Okagaki, Takashi
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Veits, Harold R.
Wang, Yang
Rochester
Brubaker, Richard F.
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
Weinshilboum, Richard M.
St. Paul
Brier, Arnold M.
Ramirez-Lassepas, Manuel

MISSISSIPPI
Holly Springs
Young, Thomas K.
Jackson
Glass, D. David
Guyton, Arthur C.
Tonnesen, Alan S.
Weems, William L.

MISSOURI
Chesterfield
Stephens, William A.
Clayton
Volpe, Joseph J.
Columbia
Hahn, Michael J.
Kansas City
Dann, David S.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.

St. Joseph
McDaniel, John R.
St. Louis
Alpers, David H.
Chaplin, Hugh, Jr.
Dodd, Robert B.
Feigin, Ralph D.
Funsch, Robert E.
Gaunt, Frank P.
Gelb, Lawrence D.
Hanaway, Joseph
Hanser, Theodore H.
Hershey, Falls B.
Kotner, Lawrence M.
Majerus, Philip W.
Maughs, Sydney B.
Mendelsohn, George E.
Miller, Jule P., Jr.
O'Brien, Robert M.
Owens, William D.
Prensky, Arthur L.
Robins, Eli
Scruggs, Karen L.
Shuter, Eli R.
Strauss, Arthur E.
Trenton
Fuson, W. Arthur
University City
MacDougal, Bruce A.
Webster Groves
Doisy, Edward A., Jr.

NEBRASKA
Omaha
Luikart, Ralph H.

NEVADA
Reno
Cantlon, Edwin L.
Fischer, John R.

NEW HAMPSHIRE
Alton Bay
Miller, Carroll C.
Antrim
Hitchcock, James
Concord
Mintz, E. Ross
Dover
Wilson, Robert F.
Dublin
Meath, James A.
Durham
Watson, Richard H.
Exeter
Curtin, Richard R.
Heyl, James T.
Mixter, Charles G., III
Greenfield
Bell, John F.
Hampstead
Cserr, Robert
Hanover
Friedman, Matthew Joel
Gundersen, Sven M.
Harris, Edward D., Jr.
Heyl, Henry L.
Hunter, Ralpp W.
Lipowski, Zbigniew J.
Staples, O. Sherwin, Jr.
Jaffrey
McKittrick, Leland S.
Jaffrey Center
Millard, D. Glynn
Keene
Ash, Home L.
Gregory, Harold E.
Laconia
Baker, William J.
Lancaster
Strayer, Luther M., Jr.
Manchester
Colokathis, Paul P.
McGahey, Claude E.
Walker, Jerome K.
Nashua
Berrien, Frederick B.
North Conway
Pippitt, Richard B.
Peterborough
Watkins, Arthur L.
Plymouth
Townsend, James H.
Seabrook Beach
D'urso, John J.
Sunapee
Dickson, Carol C.
Temple
Rock, John

NEW JERSEY
Camden
Zinninger, George F.
Eatontown
Smith, Richard H.
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Fort Dix
Bough, Edward W.
Glen Ridge
D'Alessandro, Genesio L.
Highstown
Munro, Jeanette
Long Branch
Lopano, Angelo J.
Madison
Diehl, Sylvia D.
Milburn
Schlessinger, Leslie D.
Monclair
Greene, Robert G.
Morristown
Guss, Stephen B.
Newark
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Paterson
Van Eerde, Albert
Princeton
Dalrymple, Willard
Rothberg, Harvey D., Jr.
Princeton Junction
Pierson, Joseph D., Jr.
Rahway
Vagellos P. Roy, Sr.
Short Hills
Willetts, Arthur T.
Shrewsbury
Judd, Alvan B.
Springfield
Wosnitzer, Morey
Trenton
Rosenthal, Albert L.

NEW MEXICO
Albuquerque
Adler, Scott
Gold, Gerald N.
Kinney, Robert J.
Means, Paul H.
Parnell, Edward
Williams, Ralph C., Jr.
Las Vegas
Hutchison, David
Los Alamos
Grier, Robert S.
Shiprock
Clark, John L.

NEW YORK
APO
Campbell, Carlos C.
Dehner, Gerard A.
Goldman, Mark R.

Pyenson, Leslie R.
Zaidan, James R.
Albany
Holt, William L., Jr.
Lozada, Rommel G.
Thomas, Wilbur A.
Atlantic Beach
Fischer, Beverly Ruth
Bath
Traver, Ralph F.
Bronx
Abramowicz, Mark
Fisher, Michael
Foldes, Francis F.
Greenhill, Maurice H.
Rosenbaum, Milton
Trieger, Norman
Ulick, Stanley C.
Bronxville
Lambert, John T.
Brooklyn
Anderson, H. Clarke
Friedman, Clarence F.
Maderson, Paul F.A.
Squire, Lucy F.
Tofield, Joshua J.
Buffalo
Bakay, Louis
Barlow, Joseph J.
Calkins, Evan
Guntupalli, R.M.D.V. Prased
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Cambridge
Amick, Arthur F.
Cooperstown
Klenk, Eugene L.
Mackie, Robert W.
McIver, Monroe A.
Sahler, Otto DeP.
Delmar
Berg, Howard W.
Glens Falls
Batt, Richard C.
Huntington
Schecter, William P.
Kingston
Gorman, Mary L. Gannon
Larchmont
Haralambie, James W.
Little Neck, Long Island
Wenig, Martin
Manchester
Bienvenu, Lester J.
Manhasset, Long Island
Ayers, William B.
Coffey, Edward L., Jr.
Nicosia, Arnold P.
Mechanicville
Ryan, James P.
New Hartford
Millet, J. Bradford
New York City
Abel, Ronald M.
Ackerman, A. Bernard
Baddock, Sheldon S.
Bowden, Lemuel
Buchanan, Thomas M.
Carroll, Robert E.
Chen, Lincoln C.
Cohn, Zanvil A.
Dole, Vincent P., Jr.
Eaton, Richard G.
Edelman, Gerald M.
Eisenthal, Sherman
Finkenstaedt, John T.
Franklin, John E., Jr.
Freyman, John G.
Goldblatt, Myron E.
Grant, Lester H.
Grossbard, Elliott B.
Hofer, Myron A. II
Katz, Arnold M.
Kiely, Brian
Lake, Michael
Loeb, John N.
Loeb, Robert F.
Los, Edward J.
Luck, David J.L.
Maier, John
Matta, Raymond J.
Metcalf, Kenneth M.
Moore, Burness E.
Noone, P. Francis
Packert, Richard C.
Patterson, Robert L., Jr.
Peterson, Hart deC.
Plank, Charles R.
Rovit, Richard L.
Schwartz, Gabriel H.
Silverstein, Samuel C.
Steinman, Ralph M.
Stenger, Richard J.
Twombly, Gray H.
Watson, James W.
Watson, Robert F.
Wilson, Philip D., Jr.
Yount, William J.
Pittsford
Stetson, John B.
Poughkeepsie
Bedell, Wallace C.
Keeley, James K.
Rochester
Allison, Charles R.
Anderson, Erna G.
Berg, Robert L.
Chamberlin, Robert W., Jr.
Crawford, Henry B.
Gillies, Alastair J.
Griner, Paul F.
Jones, Robert H.
Moss, Arthur J.
States, John D.
Stewart, James M.
Roslyn Estates
Bonomo, Gregory R.
Scarsdale
Holland, Jimmie C.B.
Lipman, Marvin M.
Seed, John C.
Schenectady
Judd, James M.
Rogers, William A.
Staten Island
Pugliese, Michael M.
Suffern
Chattha, Amrik S.
Syracuse
Bobroff, Lewis M.
Bornstein, Donald L.
Collins, George H.
Gardner, Lytt I.
Greene, Richard W.
Hale, Clayton H.
Upton
Cotzias, George C.
Dahl, Lewis K.
Utica
Case, Carke T.
Knapp, Robert G., Jr.
Valhalla
Williams, Gary M.
Vestal
Pollack, James A.
Watertown
George, H. Louis, Jr.
White Plains
Bercovitch, Lionel G.
Newman, Herbert A.
Woodbury
Charash, Leon J.

NORTH CAROLINA
Asheville
Morrison, Roger W.

Salisbury, Kent W.
Chapel Hill
Barnett, Thomas B.
Chamberlin, Harrie R.
Craige, Ernest
Gabriel, Don A.
Gottshalk, Carl W.
Hadler, Nortin M.
Haslam, Kenneth R.
Lassiter, William E.
Miller, Milton L.
Monroe, John T., Jr.
Noble, John J., Jr.
Parker, John C.
Preston, Edwin T.
Sparling, P. Frederick
Charlotte
Brenizer, Addison G., Jr.
Eliot, Joseph A., Jr.
Columbus
Placak, Joseph C., Jr.
Concord
Collins, David L., Jr.
Durham
Appel, Stanley H.
Griffith, John F.
Kelley, William N.
Lang, David J.
Lefkowitz, Robert J.
Mullin, Edward M.
Pearse, Richard L.
Peete, William P.J.
Reeves, Robert J.
Sherwood, Geoffrey K.
Welch, John P.
Greensboro
Register, John F.
Spencer, Richard E.
Troxler, Eulyss R.
Hayesville
Talmadge, Sam M.
Jacksonville
Pease, Francis B.
Raleigh
Gada, Preston H.
Manly, Isaac V.
Myers, Richard S.
Rhodes, John S.
Wooten, E. Jane H.
Worth, Thomas C.
Southern Pines
Arrowood, Julia G.
McMillan, Robert M.
Winston-Salem
Conrad, Elizabeth

NORTH DAKOTA
Minot
Padget, Charles H.

OHIO
Akron
Skoblar, Richard S.
Voke, Edward L.
Bellefontaine
Traul, Richard S.
Canton
Scott, Murray W., Jr.
Cincinnati
Block, Gordon L.
Friedberg, Joseph A.
Gall, Edward A.
Glueck, Charles J.
Kleinman, Leonard I.
Newstedt, J. Roger
Richardson, William R.
Rubinstein, Jack H.
Schneider, Benjamin
Tew, John McL.
Cleveland
Badel, Daniel W.
Banker, Betty Q.
Brodkey, Jerald S.
Burton, Richard I.
Cosgrove, Delos M.
Evans, Richard R.
Ford, Amasa B.
Glover, Donald M.
Groves, Laurence K.
Kendrick, James I.
Kennedy, John H.
Lederman, Richard J.
Pearson, Olaf H.
Pohl, Marc A.
Rhinelander, Frederic W.
Saunders, Andrew
Weir, David R.
Columbus
Ellis, Effie O.
George, Jack M.
Haynes, Ruth C.
Haynes, Walter M.
Heggie, John F.
Tetirick, Jack E.
Dayton
Hockwalk, W. Richard
Moreland Hills
Baumgartner, Donavin A., Jr.
North Canton
Shipley, Margaret S.
Oberlin
Warner, John H., Jr.
Wright-Patterson AFB
McNutt, Neil S.

OKLAHOMA
Ardmore
Schuler, James D.
Duncan
Morton, Robert O.
Edmund
Carter, George B.
Muskogee
Fite, E. Halsell
Oklahoma City
Bell, James P.
Carey, John M.
Halverstadt, Donald B.
McClellan, Betty J.
Tulsa
Greenberg, Martin H.
Steele, Byron W., Jr.

OREGON
Corvallis
Steele, Robert E., Jr.
Eugene
Singer, Kenneth M.
Medford
Barss, Theodore P.
Durno, Edwin R.
Rutter, Thomas
Portland
Baker, Russell L.
Boyden, Allen M.
Dittmore, Harry B., Jr.
Garrison, Penelope K.
Lawrence, G. Hugh
Novy, Miles J.
Prescott, William G.
Ray, Loen F.
Sutherland, Donald W.

PENNSYLVANIA
Ardmore
Sampson, D. Allen
Bangor
Cascario, Nicholas, Jr.
Bethlehem
Leister, Claude M.
Bryn Mawr
Ferguson, James J., Jr.
Stewart, William G., Jr.
Chester
Sewall, Warren
Cochranville
Joplin, Robert J.

Danville
Heath, Robert D.
East Stroudsburg
Michie, Alexander J.
Erie
Monohan, John J.
Gladwyne
Montgomery, Hugh
Grove City
Limkakeng, Alexander
Gwynedd
Stoddard, James K.
Harrisburg
Berkheimer, George A.
Gallia, Francis J.
Sun, Edward R.
Hershey
Babb, Joseph D.
Gentzler, Richard D. II
Lookingbill, Donald P.
Vessell, Elliot S.
Lansdale
Goeringer, C. Frederick
Latrobe
Moran, Thomas W., Jr.
Media
Kitts, Albert W.
Merion
Richter, Howard A.
Merion Station
Murphy, Grace L.
Overbrook Hills
Ginsberg, Myron D.
Paoli
Willens, John S.
Philadelphia
Asbury, Arthur K.
Broennle, A. Michael, Jr.
Carter, James R., Jr.
Dohan, F. Curtis
Dunkman, W. Bruce
Fisher, Mary S.
Flaxman, B. Alan
Gabuzda, Thomas G.
Lau, Yuk-Kai
Leighton, Joseph
Littman, Philip
Mancall, Elliott L.
Murray, Thomas G.
Nicholson, Jesse T.
Perrin, George M.
Petersen, Robert Ole
Roth, James L. d'A.
Schmidek, Henry H.H.
Schnabel, Truman G., Jr.
Ship, Irwin I.
Spann, James F., Jr.
Starr, Isaac
Vaughan, Victor C. III
Waxman, Herbert S.
Wood, Howard P.
Pittsburgh
Bauer, Frank L.
Dwyer, John H.
Ferguson, Albert B., Jr.
Field, James B.
Green, William T.
McLaughlin, William B.
Price, Stuart E., Jr.
Ricks, William B.
Savodnik, Irwin
Tyson, Robert G.
Urquhart, John III
Rosemont
Ming, Si-Chun
Selinsgrove
Bailey, Nelson E.
Springfield
Weinberg, Richard A.
Stroudsberg
Michie, Catherine R.
Wayne
Beck, Laurence H.
Wynnewood
Rasmussen, Jane S.
Wyomissing
Morrissey, E. James
Morrissey, Eugene J.

RHODE ISLAND
Adamsville
Mason, William
Barrington
Spencer, Jack
Bristol
Scott, H. Denman
Cumberland
Hairabet, John K.
East Greenwich
Alper, Joseph C.
Providence
Cotter, Walter C.
Cutts, Frank B.
Flaxman, B. Allen
Hamlin, Hannibal
Hopkins, Robert W.
Land, Richard E.
Lorch, Stephen
Pitts, John D.
Rosen, Richard A.
Sargent, Francis B.
Simeone, Fiorindo A.
Sinclair, Edmond B.
Strom, John O.
Troppoli, Daniel V.
Wu, Alain S.
Rumford
Hogan, John F.
Warwick
Madden, Edwin J.

SOUTH CAROLINA
Beaufort
Maffeo, Alphonse A.
Charleston
Paul, John R., Jr.
Summerall, Charles P. III
Talbert, Oliver R.
Columbia
Theus, Walter W.
Florence
Hyman, Vera C.
Fort Jackson
Ross, Jeffrey S.
Spartanburg
Bonnetta, Harris L.

SOUTH DAKOTA
Sioux Falls
Barlow, John F.

TENNESSEE
Big Spring
Warren, Charles F.
Chattanooga
Spalding, Robert
Franklin
Youmans, John B.
Johnson City
Brindley, Clyde O.
Kingsport
Malloy, Joseph K.
Knoxville
Chernoff, Amos I.
Memphis
Nobles, Eugene R., Jr.
Shaw, John L.
Stern, Newton S.
Nashville
Brown, Charles E.
Buchanan, Robert N., Jr.
Cobb, Cully A., Jr.
Duncan, Gary W.
Hall, H. David
Heller, Richard M.
James, A. Everett, Jr.
Newman, Elliott
Smith, Marion L.

Smith, Ralphael F.

Oak Ridge

Ruley, Henry B.

TEXAS

Arlington

Murray, David B.

Austin

Kreisle, James E.
Winkler, John J.

Beaumont

Hinshaw, Arvil

Big Spring

Jarratt, Michael T.

Corpus Christi

Jenkins, Charles K.

Dallas

Bilheimer, David W.
Binion, John T.
Brown, Michael S.
Coggeshall, Howard C.
Goldstein, Joseph L.
Helgeson, Norman G.P.
Jenkins, Marion T.
Martin, Charles L.
Martin, James A.
McCann, Samuel M.
Mills, Lawrence J.
Moore, S. Halcuit, Jr.
Platt, Melvin R.
Rose, Patrick, F.
Schneiderman, R. Neal
Smitherman, Thomas C.
Spence, Harry M.
Thompson, Jesse E.
Urschel, Harold C., Jr.
Wheeler, Clarence G.
Wheeler, James T.
Willerson, James T.
Williams, J. Richard, Jr.
Williams, Oscar B., Jr.

Denison

Freeman, Don W.

Fort Worth

Bernstein, Philip
Key, Robert E.
Rutledge, Robb H.
Sloane, Robert W., Jr.

Houston

Butler, William T.
Crawford, Ernest S.
David, Solomon D.
Eppright, Richard H.
Flynn, Chester J.
Gotto, Antonio, Jr.
Jarratt, Michael T.
Keats, Arthur S.
Mallette, Lawrence E.
Osborne, Barbara M.
Owen, William R.
Smith, Edward T.
Turner, John D.
Wilde, Henry D., Jr.
Wolfe, Laurence E.
Wood, Edwin C.
Zisook, Sidney

Lackland Air Force Base

Brand, Jeffrey B.
Waller, John L.

McAllen

Evans, Sheridan S.

San Antonio

Akins, Cary W.
Foley, F. Daniel
Harrington, John T., Jr.
Ryan, John A., Jr.
Seals, John R.
Thompson, Milton S., Jr.

UTAH

Ogden

Keyes, Gale H.
Perkins, Arthur

Salt Lake City

Burton, David A.
Heyes, Edward A.
Johnson, Dale G.
Middleton, Anthony W., Jr.
Nelson, Russell M.
Nielsen, Talmadge W.
Stewart, David R.
Temple, Anthony R.
Young, Clark

VERMONT

Barre

Buttles, Roy V.
Molind, Samuel E.

Bennington

Baker, Dudley M.
Giddings, W. Philip

Brattleboro

Glick, John L.

Burlington

Donaghy, Raymond M.P.
Kuhlmann, Raymond F.
Leadbetter, Guy W., Jr.
Mazuzan, John E., Jr.
Soule, A. Bradley, Jr.
Soyka, Lester F.
Tisdale, William A.

Enosburg Falls

O'Shea, Clare Marshall

Putney

Wallace, Lynn

St. Johnsbury

Morrison, Harvey R.
Neel, Harley S.

Shelburne

Bowen, Charles R.
Lowell, William H., Jr.
Molloy, Maureen K.

Townsend

Decker, Briant L.

West Townsend

Folsom, Hugh F.

White River Junction

Crandell, Walter B.
Learmonth, Suzanne J.

VIRGINIA

Alexandria

Collins, Richard

Arlington

Detwiler, Robert H.
Lieber, Michael M.
Ormandy, Laszlo

Charlottesville

O'Brien, William M.
Swineford, Oscar, Jr.
Vasquez-Amory, Ernesto
Wood, J. Edwin Jr.

McLean

Bridge, Edward M.

Newport News

Marsland, David W.

Portsmouth

Weiss, Mark A.

Richmond

Blades, James F.
Goodale, Fairfield, Jr.
James, G. Watson III
Jones, Basil B.
Jordan, William R.
Randall, Russell E., Jr.
Sutphin, Adney K.
Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.
Wright, R. Lewis

Roanoke

DeVerter, John S.
Glendy, Margaret M.
Glendy, R. Earle
Wood, Benjamin S.

Vienna

Kimura, Kazuo K.

Lotz, Myron
Nuzzo, Roy M.
Virginia Beach
Haynes, Ormond L., Jr.
Jeroy, Harry K.
Williamsburg
Jones, Thomas B.

WASHINGTON
Aberdeen
Cihak, Robert J.
Bellevue
Milam, Daniel F.
Bellingham
Watts, Arthur B.
Mercer Island
Skinner, Alfred L., Jr.
Olympia
Jones, Gordon E.
Seattle
Brown, Norman K.
Dale, David C.
Greene, Martin L.
Mannik, Mart
McCollum, Richard G.
Odland, George F.
Omenn, Gilbert S.
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Spokane
Brunjes, Carl F.
Johnston, Edward V.
Kleaveland, Richard N.
Tacoma
DuBois, Carol S.
DuBois, Jay G.
Eliel, Leonard P.
Vashon
Mansfield, Peter A.
Walla Walla
Brooks, Peter T.
Gilbert, Allen C.
Yacima
Mathieu, Thomas J.

WEST VIRGINIA
Beckley
Klingensmith, Walter E.
Charleston
Anderson, Randolph L.
Hills, Henry M., Jr.
Revercomb, Paul H.
Fairmont
Shaffer, Frederick G.

Morgantown
Morgan, Winfield S.
Shaffer, Hubert A.

WISCONSIN
Elm Grove
Schmidt, Robert A.
LaCrosse
Gundersen, Adolf L.
Gundersen, A. Erik
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
Rodman, Charles A. II
Tompkins, Douglas G.
Madison
Albright, Edwin C.
Barsch, John H.
Gordon, Edgar S.
Hopkins, Charles E.
Jarrett, Frederic
Javid, Manucher
Katz, Allan M.
Maki, Dennis G.
McClung, John L.
Osborn, June E.
Marshfield
Pederson, Donald P.
Milwaukee
Barrow, David W.
Blodgett, Frederic M.
Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Litwin, S. Bertrand
Princeton
Mueller, Gustave C. E.

WYOMING
Cheyenne
Kind, Henry A.
Cody
Ridway, Elizabeth W.
Jackson
O'Rourke, Dermot A.

ARGENTINA
Buenos Aires
Bordone, Lilia E.

AUSTRALIA
Camperdown
Atkinson, Kenneth H.
Lane-Brown, Malcolm M.
Highgate
Morley, Helen R.

Medindie
McCoy, William T.
Melbourne
Colquhoun, John B.
Parkville
Niall, Hugh D.
Sydney
Slater, Barbara L.
Victoria
Fell, Gary

BELGIUM
Brussels
Frederick, Elizabeth S.

BRAZIL
Rio de Janeiro
Albuquerque, Paulo F.
Mattoso, Luiz F. deQ.
Sao Paulo
Barretto, Oscar deF.

CANADA
Calgary
Walker, Robert H.
Edmonton
Huckell, John R.
Halifax
Marshall, Clyde S.
Hamilton
Fine, Stuart H.
Kingston
Taguchi, Kenneth
Kitchener
Tallon, John B.
Lancaster
Gregory, Robert A.
London
Cameron, Howard S.
Sober, Stanley
Montreal
Davanloo, Habibolah
Greenwood, Frederick A. H.
Hogg, James C.
Johnson, Louis G.
Kahn, David S.
Robbillard, Raymond L.
Shannon, James G.
Shugar, Joseph L.
Olds
Burland, George R.
Ottawa
DesGroseilliers, Jean-Pierre
Rexdale
Greisman, John J.

St. Johns
Holt, Charles L.
Scarborough
Melvin, William J. S.
Sherbrooke
Merminod, Andre E.
Sudbury
Field, Paul
Toronto
Bach, Michael C.
Cooper, Joel D.
Froese, Alison B. D.
Gardiner, William J.
Harris, W. Robert
Holmes, R. Brian
McIlroy, William J.
Ritchie, Alexander C.
Seller, Edward M.
Simone, Andrew A.
Stulberg, S. David
Vancouver
Bell, Michael H.
Clement, Philip B.
Dunn, William L.
West Hamilton
Detwiler, Robert C.
Westmount
Wexler, Marvin J.
Winnipeg
Adamson, Gilbert L.
Carmona, Robert A.

CHILE
Santiago
Williamson-Lefort, Ladislao

COLOMBIA
Bogota
Salamanca, Juan J.
Saravia, Rafael

DENMARK
Copenhagen
Ibsen, Bjorn
Probst, Jan-Henrik
Hellerup
Anderson, Erik W.

ENGLAND
Birmingham
Trethown, William H.
London
Birnbaum, Howard W.
Borer, Jeffrey S.
Edsall, Geoffrey
Hallet, Mark
Leigh, A. Denis
Ogus, Hugh D.
Raff, Martin C.
Yates, Colin
Menston
Gore, Charles P.
Middlesex
Allen, Terence R.
Gordon, Robert D.
Mill Hill
Raff, Martin C.
Oxford
Fagenholz, Linda S. L.
Gallico, G. Gregory III
Morris, Peter J.
Ruyton
Lytle, Bruce W.
Southampton
Smead, William L.
Sussex
Thurlbeck, William M.

FRANCE
Lyon
Michel, Albert J. D.
Paris
Kernan, Reginald D.
Strasbourg
Koch-Weser, Jan

GERMANY
Dusseldorf
Von Pohl, Joachim W.
Munich
Harder, Hans J.
Huppe, Justin R.
Pinnell, Sheldon R.

GREECE
Athens
Arzimanoglu, Anthony A.
Kapellakis, George Z.
Zaoussis, Alexander L.

GUATEMALA
Guatemala City
Fuchs, Pablo
Herrera, Rudolfe E.
Sosa, Dagoberto
Toriello, Julio

HAITI
Port-au-Prince
May, Harold L.

HOLLAND
Amsterdam
Donner, Reynout

ICELAND
Reykjavik
Halldorsson, Thorlakur S.
Hallgrimsson, Jonas
Kristjansson, Haukur

INDIA
Bombay
Rebello, Desire J. A.
Yodh, Shyam B.
Calcutta
Hughes, James R.
Ludhiana
Wysham, Donald N.
New Delhi
Pant, Shyan S.
Singh, Madan M.
Tandon, Rajendra

INDONESIA
Jog Jakarta
Parson, William

IRAN
Shiraz
Barekat, Ali A.
Esmaili, Mohammad H.
Tehran
Saidi, Farrokh
Samiy, Hussein E.

IRELAND
Belfast
Gibson, John G.
Johnston, Hilary
Dublin
Guiney, Edward J.
Mayo
Loftus, James G.

ISRAEL
Petah Tiqva
Laron, Avi
Tel-Aviv
Geller, Eran
Heilbronn, Yechiel D.

ITALY
Milano-Affori
Mangoni, Alfonso

JAPAN
Tokyo
Hoshi, Motonori
Yokoyama, Mitsuo M.
Yoshikawa, Hideyasu

LEBANON
Beirut
Abi-Torbey, Khalill
Fuleihan, Samir F.
Germanos, Khalil
Kirkwood, Samuel B.
Lichtenwalner, Craig S.
Mnaymneh, Walid A.

MEXICO
Aguascalientes
Ramirez-Acosta, Javier A.
Ensenada
Freeman, Norman E.
Mexico City
Chavez-Peon, Federico
Santacruz, Abraham M.
Tlalpan
Merino-de Villasante, Jorge M.

NETHERLANDS
Rotterdam
Vanvroonhoven, Theo J.

NEW ZELAND
Dunedin
Blennerhassett, John B.
Ragsdale, Bruce C.

NIGERIA
Aba
Onwukwe, Mba Felix
Logos
Baldwin, Wayne E.

PERU
Lima
deMola, Luis L.

PHILIPPINES
Davao City
Calderon, Doninador C.
Manila
Canlas, Benjamin D., Jr.
Quezon City
Bautista, Florosa A.

POLAND
Warsaw
Kacki, Janusz F.

PUERTO RICO
Cieba
Ring, Ernest J.
Dorado
Gonzalez, Ernesto

REPUBLIC OF THE CONGO
Johannesburg
Saffer, S. David
Zaire
Cardenal, Fernando

REPUBLIC OF PANAMA
Panama
Suescum, Alfredo

SAUDI ARABIA
Jiddah
Mull, J. Dennis

SCOTLAND
Glasgow
Mital, Mohinder A.

SWEDEN
Lund
Thomson, Dick A.

SWITZERLAND
Basel
Hugin, Werner
Flawil
Seiler, Rolf W.
Geneva
Mach, Bernard F.
Muller, Alex T.
Muller, Walter A.

TAIWAN
Taipei
Kao, Ming C.
Kleinman, Arthur M.

THAILAND
Bangkok
Stewart, Michael M.
Sujatanond, Manit

TURKEY
Istanbul
Yenel, Faruk, M.

UGANDA
Kampala
Kanverezi, Bwogi R.

VIRGIN ISLANDS
St. Thomas
Howard, Fred H.

YUGOSLAVIA
Belgrade
Petrovitch, George
Zagreb
Milas, Luka

PLANNED GIVING
WILLS AND BEQUESTS

The founding of the Massachusetts General Hospital in 1811 and its notable service over the succeeding years have been made possible in large part by generous gifts and bequests. Now, in addition, planned giving arrangements, including the gift annuity, the charitable remainder unitrust, the charitable remainder annuity trust, and the pooled income fund, are available — and are being used — to the mutual benefit of donors and the hospital.

Funds may be left by will to the Massachusetts General Hospital in one or more of the following ways:

A cash bequest leaves a specific dollar amount.

A bequest of all or a stated percentage of the residue of an estate gives the hospital all or such stated percentage of the balance of the estate after payment of debts, taxes, expenses of administration, and specific bequests.

A bequest of a remainder of a charitable remainder trust after a life estate in a surviving spouse or other beneficiary (ies) gives the hospital all or a portion of the principal sum of such trust following the death of the spouse or other life beneficiary (ies).

A contingent bequest makes the hospital the beneficiary only in the event that other designated beneficiaries fail to survive the donor.

Should you plan to include the hospital in your will — or should you be interested in one of the types of gifts describing above — the hospital could suggest to you or your lawyer specific wording for carrying out your wishes.

Joseph C. Donnelly, Jr., Director of Development (telephone: 726-2200), would be pleased to hear from you and to provide whatever information you or your lawyer may seek.